

TRAFFORD COUNCIL

Report to: Executive
Date: 24th. January 2022
Report for: Decision
Report of: The Executive Member for Adult Social Care

Report Title

Fair Price for Care : Homecare and Residential and Nursing Care Homes

Summary

Every year the Council sets a Fair Price for Care which determines the bed rate for residential and nursing care and the hourly rate for homecare for the following financial year.

In October 2021 Executive noted the consultation proposals which were consulted upon between 13th October 2021 and 9th. November 2021.

This report summarises the consultation responses and recommends inflationary uplifts for 2022/2023.

Recommendation(s)

It is recommended that the Executive:

- Considers the outcome of the consultation
- Considers the response to the consultation
- Approves the following fee rates from April 2022:
- Homecare: 4.51% inflationary uplift - this equates to £18.08 p/hr for framework homecare providers.
- Residential and Nursing Care : 5.4% inflationary uplift
- Residential Bed Rate: £602.64
- Nursing Bed Rate: £673.66
- Confirm that in approving the above, it has taken into consideration the Council's Public Sector Equality duty.

Contact person for access to background papers and further information:

Name: Karen Ahmed
Extension: 1890

Implications:

<p>Relationship to Policy Framework/Corporate Priorities</p>	<p>Low Council Tax and Value for Money</p> <p>Economic Growth and Development: The FPFC annual uplift will contribute to improved workforce pay, conditions and retention, to stabilize the care market, supporting growth for local providers and improved skills for local people.</p> <p>Services focused on the most vulnerable people: Residential and nursing care and homecare are targeted services provided to the most vulnerable people, following a social care assessment and ensures their safety at some of the most critical times of their lives, e.g. following hospital discharge.</p> <p>Trafford Together Plan and the Integrated Care System: We are working towards an integrated commissioning system for Trafford and as part of this continue to discuss how we might further integrate commissioning activity within the new ICS.</p>
<p>Relationship to GM Policy or Strategy Framework</p>	<p>Greater Manchester Population Health Plan 2017-2021: Age Well Priority: We are continuing to support more people to live at home for as long as possible and we will manage COVID infection rates through the provision of safe care at home and care home services.</p> <p>Greater Manchester Health and Care Board Urgent and Emergency Care Improvement and Transformation Plan: Social care is integral to priorities around reducing delayed hospital discharges and urgent/unplanned care and our community response to COVID.</p> <p>Greater Manchester Live Well at Home Strategy: This proposal is aligned with GM priorities to improve homecare and supports us to continue to transform homecare, in line with our allocation of GM Transformation monies.</p> <p>Across GM, there are over 560 residential and nursing homes with over 19,000 beds. These homes make a significant contribution to the functioning of the health and care economy but there is significant variation in the level of quality, responsiveness, and adaptability. Last year GM established quality targets, based on CQC ratings, and these will be reviewed in line with the changing regulation framework. We have seen recent improvements in the quality of care provided by care homes despite the challenges of Covid.</p> <p>GM is currently focused on maintaining market stability, and a number of boroughs have already lost some of their care homes. As the intention is to move away from traditional nursing and residential care homes, this will involve some reshaping and diversification of the market.</p> <p>Housing Strategy and Ageing Well: We are working very closely with our colleagues in housing strategy and in public health to look at a number of different options to support people living in the community with</p>

	<p>a wide range of needs so that people only enter residential care when they need that level of care and support, rather than because their living accommodation does not meet their needs or they are lonely. These approaches are articulated in our Ageing Well and new Older Peoples' Housing Strategies.</p> <p>Commissioning Strategy and Market Position Principles: Our vision for the market and our commitment to coproduction is articulated in "Trafford Together," our locality plan which has now been refreshed. This is a jointly agreed document which sets out the system wide changes we need to make.</p>
Financial	<p>The proposed 4.51% uplift for homecare will increase the current hourly rate from £17.30 to £18.02.</p> <p>The proposed 5.4% uplift for residential and nursing care will increase the current minimum bed rates for residential from £571.76 to £602.64 and for nursing from £639.15 to £673.66.</p> <p>The proposed uplifts take into account increases in the NLW/RLW, National insurance and forecast CPI for other costs.</p> <p>The impact of the above will result in an estimated additional budgeted investment into the homecare and care home market of £2.57m for 2022/23. This would be met from within the overall allocation in the Medium Term Financial Plan (MTFP) for Adult Social Care in 2022/23.</p> <p>The Council proposes to apply the host local authority uplift for out of borough placements.</p>
Legal Implications:	As set out in the report.
Equality/Diversity Implications	<p>Decision-makers are under a legal duty to have due regard to the need to eliminate discrimination against home care recipients (as well as providers/staff), promote equality of opportunity between such persons and others and foster good relations between such persons and others. Therefore, it is important to take care that all the new rates are adequate to promote a diverse and high quality care market, in particular because of the risk that otherwise there could be an adverse impact on the welfare of vulnerable residents and/or staff and their ability to enjoy a quality of life comparable with those less vulnerable.</p> <p>Vulnerable Trafford residents include in particular the elderly, women and disabled persons. Staff are largely female and older persons. Decision-makers need to be satisfied that the proposed rate is adequate for the welfare of residents and staff. Older women are disproportionately represented in social care because they live longer. In addition, poorer residents will be the key recipients of funded adults' social care, as they often acquire long term conditions and illnesses earlier that necessitate social care and they do not have the resources to fund their own care. The increase in rates will ensure that these groups of people are able to access services which meet their needs.</p>
Sustainability Implications	N/A
Carbon Reduction	The reorganisation of homecare staff into localities will

	enable more walking to homes to provide services, impacting positively our carbon footprint.
Resource Implications e.g. Staffing / ICT / Assets	N/A
Risk Management Implications	The key risks for Trafford are around maintaining a sustainable care market within a nationally very fragile social care market. The key challenge currently is around recruitment to home care. Mandatory vaccination may also decrease the available workforce. Nationally and locally, the fragility of the market, particularly those care homes relying on self-funders as a source of income, has increased.as the public have lost confidence in care homes. The costs to all providers in providing services has increased as a result of Covid and additionally funding received by the Council to meet those pressures is passported on to the market. This is in addition to any inflationary uplift which enables providers to meet all reasonable costs incurred in providing services, supports the increase of the numbers of providers paying the Real Living Wage, and continues to attract staff.
Health & Wellbeing Implications	The recommendations outlined in this report will have a positive impact on the health and wellbeing of local residents in the following ways: <ul style="list-style-type: none"> • Local social care workforce will experience improved pay and conditions which will improve their health and wellbeing and have a positive impact on workforce retention rate in homecare locally. • Improved workforce retention will support market stability and support maximum capacity within the available workforce. • People in receipt of homecare will experience improved quality of care by ensuring adequate time for visits so that carers can do their job properly; providing statutory sick pay for workers so that they don't have to work with vulnerable residents when they are ill; better continuity of care
Health and Safety Implications	N/A

1.0 Background

- 1.1 Every year the Council undertakes an exercise called the Fair Price for Care which essentially sets out our pricing approach for the forthcoming year. We are required by law to consult with providers on this process.
- 1.2 In previous years, we simply applied an inflationary uplift to those prices, but as time went on, we recognised that there was an increasing disparity between those prices arrived at though this methodology and the cost of purchasing care, especially where this applied to older peoples' residential or nursing care in borough. Over the last two years we have incrementally rebased the bed rate for older people, and last year we rebased the homecare rate in recognition of the transformative role that homecare provided. Both these exercises have contributed to our commitment to working towards the Ethical Care Charter, together with our Living Well at Home strategy. We are now reverting to using an inflationary uplift to the rebased prices as the Council's pricing is now more in line with the costs of purchasing care.

- 1.3 In addition, we have focused on the payment of the Real Living Wage to our care staff. We have carried out a benchmarking exercise locally and because of the enhanced rates paid to framework homecare staff, one of the highest rates across the North West of England, nearly 70% of homecare providers pay their staff the RLW with the remainder of the market somewhere between the NLW and the RLW.
- 1.4 A stocktake across the ten boroughs in Greater Manchester has identified that the majority of homecare providers in half of the boroughs were paying the RLW. Trafford is one of these.
- 1.4 We have carried out a similar exercise for residential and nursing care homes, and sadly only about a third of providers pay the RLW with the majority of providers paying the NLW. This is despite the homes commanding some of the highest prices in Greater Manchester.
- 1.5 Because of the financial challenges brought about by Covid, the demands put on adult social care through increased hospital discharge, demographic changes and the increased complexity of our residents, we will be proposing an inflationary uplift this year which will maintain the Council's commitment to the Ethical Care Charter by ensuring that we maintain the increase in price resulting from the rebasing exercises.
- 1.6 The financial allocation to the Council does not take account of the additional costs of Covid as the government allocates separate additional funding for this through the form of a myriad of grants. Therefore the Council are unable at this stage to take those additional costs into consideration. Our focus for 2022/3 will be on maintaining the progress towards the Ethical Care Charter and in particular maintaining the commitment to the Real Living Wage.

2.0 Legislative Provisions

- 2.1 S5 (1) Care Act 2014 places a duty on the Council to promote a diverse and high quality market of care and support services (including prevention services) for people in their local area. In particular, the Council must act with a view to ensuring that there is a sufficient overall pool of efficient providers and a range of different services and providers to ensure that people are able to choose between a range of providers when care is required in a residential setting.
- 2.2 S5 (2) lists certain factors the LA must consider when exercising its duty. These include: the importance of ensuring the sustainability of the market and supporting continuous improvement in the quality of services; making available information about the services available to people in its area; the current and future demand for services in its area, and how this demand can be met by providers; the importance of carers and service users being able to undertake work, education and training; and the importance of fostering a suitable workforce.
- 2.3 S 5 (3) requires the Council, when considering current and future local demand and how this might be met by providers, to consider the need for there to be sufficient services to meet the needs of people in their area. Local authorities should understand the business environment of the providers offering services in their area and seek to work with providers facing challenges and understand their risks.
- 2.4 S 5 (4) requires the Council to consider, when making decisions about commissioning services, the importance of promoting the well-being of people with

care and support needs and carers. S5 (5) requires the council to have regard to the duty when either providing or arranging services to meet the care and support needs of adults with care needs and carers. The Care Act accompanying guidance, statutory guidance which the council must have regard to, states the Council should have evidence that the fee levels they pay for care and support services enable the delivery of agreed care packages and support a sustainable market. When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement.

3. Public Sector Equality Duty and Equality Impact Assessment

- 3.1 The Equality Act 2010 requires public authorities to have regard to the Public Sector Equality Duty in making any decision. The public sector equality duty requires public authorities to consider the needs of people who are disadvantaged or suffer inequality when making decisions regarding its service provision and policies.
- 3.2 People who have certain protected characteristics are protected under the Equality Act 2010. The nine protected characteristics are: disability, race, age, religion or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity marriage and civil partnership.
- 3.3. The legislation requires that, when carrying out its functions, a public authority must have due regard to:
 - The elimination of unlawful discrimination;
 - The advancement of equality of opportunity between people who have protected characteristics and those that do not; and
 - The fostering or encouragement of good relations between people who share a protected characteristic and those who do not.
- 3.4 Where appropriate, an EIA is completed in respect of the proposals to identify any potential impacts. Where potential impacts are identified consideration can be given to whether measures can be taken to mitigate against such impacts. Mitigation measures can then be set out within the body of the relevant EIA or are reflected, where appropriate, in modifications to the proposals.
- 3.5 In considering the report and deciding whether to approve the proposals contained in the report the Executive is required to have regard to the Public Sector Equality Duty. In order to satisfy this duty the Executive must consider whether the proposals are likely to discriminate against or disadvantage persons who have protected characteristics as set out above; whether there are mitigation measures which would offset any such impacts which are identified. Where appropriate and necessary Equality Impact Assessments of the proposals have been carried out and these are available to members to assist them in the evaluation of the proposals in the context of the Public Sector Equality Duty.
- 3.6 The detailed EIAs completed for previous years has been reviewed in respect of the proposals contained in this report and are available on request. The EIA was made

available to officers in their consideration of consultation feedback and development of the proposals contained in this report.

Summary of the EIAs:

- 3.7 The EIAs do not identify any negative impact arising from the new proposals contained in this report. Instead, the EIA identifies a combination of positive and neutral impacts. The positive impacts relate to the proposals maintaining the rebased bed and hourly rates, enabling providers to maintain the RLW or move closer to the RLW, and therefore being able to retain a more stable workforce, benefiting residents, and of course staff who are able to command a higher salary. In addition, a more stable market benefits both staff and residents as the risk of service closure from financial causes is reduced.
- 3.8 Other benefits will be increased choice for residents as more homes locally become more affordable, and a reduced financial burden for some families as their contribution to more expensive placements may reduce.
- 3.9 Women would be key beneficiaries of the identified positive impacts as they make up the majority of the workforce and the majority of residents.

4.0 Consultation

- 4.1 We consulted in from the 13th October to the 9th November 2021 on an inflationary uplift based on the following:
- The RPI/CPI in October which was yet to be announced; and
 - The national living wage (NLW) increase which was yet to be announced and we will not know until November at the earliest
- 4.2 We received no comments from the homecare sector on the proposals and one from the residential/nursing care home sector. We also received a number of requests for inflationary uplifts from residential and nursing sector providers from national and regional firms and so have decided to include these in the consultation process as they represent a view on what the sector requires to meet current costs.

4.3 Consultation Response

The consultation response received from a local provider was received on the 5th November 2021 following the release of the NLW increases and prior to the RLW increases. The provider continued to express their frustration with the Council's process in terms of fee setting and their firm belief that this was based on political rather than financial analysis. The Council acknowledges the providers' opinion but refutes the suggestion that the proposals are not soundly based. These proposals are made following consideration of the factors which the Council is required to take into account to meet its duties under the Care Act as set out elsewhere in this report.

In addition the respondent provided a copy of "Build Back Better" for the Council's reference. The Council can confirm that we are aware of the document, but will not be commenting on it within this report

- 4.4 Comments and responses will be taken in the order that the provider raised them.

4.5 Consultation proposals and timetable

Further comment was made on the lack of detail on the consultation proposals and the difficulty commenting on those without that. Reference was made to the fact that at the time of making the consultation submission CPI was 2.9%, RPI was 4.9% and the NLW was increasing by 6.5% in April and that the majority of a care home's costs is staffing. Queries were also raised on why the final recommendations were delayed until January 2022, instead of December 2021 as originally intended.

Response

Trafford Council aimed to make a decision in December in order to give the market as much time as possible to financially plan – however at the time we went out to consultation we had not yet been informed of the NLW increase. However this is the statutory minimum wage and we must always take account of in our uplift.

In addition we recognised that the inflationary rates – RPI, CPI and indeed CPIH were increasing at an exponential rate, and we wanted to ensure that we reflected those rates in the inflationary uplift proposals. By November 2021 those rates had risen to 7.1% RPI and 5.1% CPI. It should be noted that there is a time lag in the reporting of those rates and this has impacted on our ability to submit a report to Executive which effectively takes into account the elements that we always consider in setting our inflationary uplift.

4.6 Previous Fee Rates being less than Laing and Buisson estimated costs

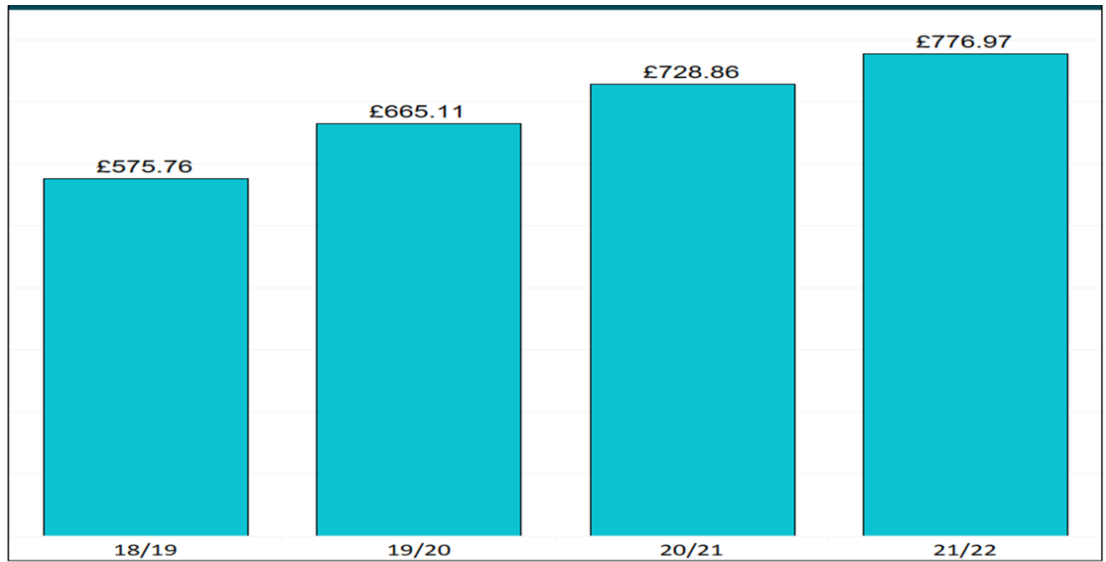
The respondent also reminded the Council that Trafford Council's standard fees for dementia care (without nursing) in 2021/2 was £ 571.76 , and that they had referred in their previous submission last year to the fact that according to Laing and Buisson the actual cost of residential dementia care in the UK was between £ 696.00 and £ 849.00 per week. This is an important point as the Council is proposing to use a straight inflationary uplift this year rather than carrying out a further rebasing.

Response

In the report last year, reference was made to the Trafford rate as well as the average rate that the Council pays. This is because the market do not charge what Laing and Buisson estimate is the actual cost of residential dementia care – many providers charge close to double.

The Council welcomes the work we will need to undertake on a sustainable market as part of the white paper requirements and we will be using these costs as a benchmark to review the existing rates from Autumn 2022.

The following charts may be of interest in understanding what the local market costs are and how this relates to the Laing and Buisson costs and illustrates that the prices that the Council pays are within the range that the respondent deems acceptable. They also illustrate the significant increase in average rates over the years.



Average residential bed rates



Average Nursing Bed Rates

4.7 Other increasing costs

The respondent also asks about the increases in utilities, food etc.

Response

These costs are included in the calculation of the inflationary rates – CPI/RPI/CPIH etc.

The respondent asks about the increases to care home insurance premiums and insurance premium tax

Response

Increase to NI are included in the Council's proposals. The increase in insurance premium has been noted by the Council and raised with ADASS who have raised this with the DHSC as it is a national issue. Subsequently guidance was issued in September 2021 to support providers in negotiating insurance premiums. This can be found at [care-sector-steps-to-access-el-and-pl-cover.pdf \(abi.org.uk\)](https://www.abi.org.uk/care-sector-steps-to-access-el-and-pl-cover.pdf).

4.8 Staffing Issues

The respondent asked what account is being taken of the fact that care homes cannot get staff because they cannot compete in the labour market with the likes of the NHS, supermarkets, and call centres, especially when it comes to wages, for so many different reasons, including Brexit and Covid. They also asked what account is being taken of the fact that care homes are struggling for staff due to the new Covid vaccine law.

Response

The Council acknowledges the difficulties in staffing homes and are happy to work with the social care sector as a whole on potential solutions, bearing in mind, that the Council itself is also experiencing difficulties in recruiting social care staff. This is a national issue. In addition, the Council is working with Clinical Commissioning Group to ensure care market workforce is given priority access to vaccination to ensure care providers are able to support and comply with these requirements

4.9 Increasing complexity of residents

The respondent asks what account is being taken of the fact that care homes now only tend to be offered **incredibly** dependent residents, whose care needs are higher than ever, and whose cost inputs are also therefore higher than ever, and are increasing ?

Response

Where the assessed needs of any individual identify that the person requires levels of care over and above that ordinarily provided by any care provider, the Council works with those providers to ensure that safe levels of staffing are in place. This is always done on an individual person centred basis.

4.10 Request to rerun the consultation process following a different exercise designed by the respondent which comprises the following stages:

- “1. Please supply all providers with the **actual fee rates** that the Council are actually proposing for 2022/3;
2. Please provide the Council’s **full calculation** showing how those figures have been reached;
3. Please provide evidence that those fee rates match the actual cost of provision to the average care home provider, broken down by each element of cost input (wages, heat light and power, food, medical supplies, interest payments, maintenance, etc.).
4. Once you have done this, please then allow a proper, material period of consultation before any proposals are presented to Council.

Response

The Council will make a decision on fee rates for the market for 2022/2023 in January 2022 to enable all of our care providers to plan effectively.

The Council will undertake a review of the sustainability of adult social care in line with the Market Sustainability and Fair Cost of Care Fund which will involve

1. a cost of care exercise to determine the sustainable rates and identify how close we are to it
2. engagement with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care)

3. strengthening capacity to plan for, and execute, greater market oversight and improved market management to ensure markets are well positioned to deliver on our reform ambitions
4. using this additional funding to increase fee rates, as appropriate to local circumstances.

To complete this successfully, the Council would seek an open book accounting approach to ensure visibility and transparency of the costs of care.

4.11 How does the Council set its budget without knowing social care costs?

The Council uses a variety of financial projections and actual costs to set a provisional budget in December. This is then reviewed and refined in light of further information to set a legal budget in February. This report forms part of that process.

4.12 Other responses

The council receives a number of requests from providers in anticipation of the financial year and during the early months of the financial year. These refer to such costs as the NLW increase, the Care Levy, higher utilities and other price pressures such as staffing shortages, including overseas recruitment. Providers have requested fee increases of up to 8.4% utilising the 6.6% NLW uplift as a starting point.

5.0 **Commissioning intentions and Market Sustainability**

5.1 **Residential and Nursing Care Homes**

We have referred to setting up a Dynamic Purchasing System (DPS) – a framework of residential and nursing care home providers willing to work with us at our bed rate. – on a number of occasions. This has been paused because of the pandemic and a recognition of the additional pressure this has placed on all of our care providers.

- 5.2 We are proposing that we delay the DPS further until such time as we have completed the market sustainability pricing work and using this work to inform any future contracting.

5.3 **Homecare**

Because of the transformed model of provision and the costing model, the majority of our providers already pay the RLW, we will be requiring all framework homecare providers to pay the RLW from April 2022 and will be issuing providers with contract variations in line with that intention.

- 5.4 We don't want to lose any of our providers, and we will work closely with any providers who might struggle to bridge any financial or other gaps through a review of their financial models.

5.5 **Market Sustainability and Fair Cost of Care Fund**

In 2022/23 £162m is being provided to local authorities to enable them to prepare their markets for reform, with additional funding of £600 million being made available in both 2023 to 2024 and 2024 to 2025. These proposals are funded by the new Health and Care Levy announced in September 2021, of which £5.4 billion is being invested into adult social care over the next 3 years. Beyond the next 3 years, an increasing share of funding raised by the levy will be spent on social care in England.

The 2022 to 2023 funding is designed to ensure local authorities can prepare their markets for reform and move towards paying providers a fair cost of care, as appropriate to local circumstances.

This will involve the following:-

- conducting a cost of care exercise to determine the sustainable rates and identify how close they are to it
- engaging with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care)
- strengthen capacity to plan for, and execute, greater market oversight (as a result of increased section 18(3) commissioning) and improved market management to ensure markets are well positioned to deliver on our reform ambitions
- use this additional funding to genuinely increase fee rates, as appropriate to local circumstances.

- 5.6 This will enable us not only to determine the sustainable rates and identify how close we are to it, but also quantify and understand the variation across the market and develop a strategy for how we equalise the rates across the market where we are purchasing the same kind of care.

6.0 Recommendations

- 6.1 The options that the Council has considered take into account the following rates:

- the RLW uplift of 4.2%
- the NLW uplift of 6.6%
- the CPI rate at November 2021
- the CPIH rate at November 2021
- the forecast CPI average rate for 2022 and 2023

Not all options consider all of these variables.

We discounted RPI early on in the exercise as the Government have removed this from the list of national indicators as it's is not a true reflection of cost and it will be replaced with the CPIH in 2030.

The CPIH is lower than the CPI so we have used the CPI figure for this exercise.

The CPI figure at November 2021 was 5.1% but the projected rates will decrease over time and are much lower for 2022 (4%) and even lower for 2023 (2.65%). The inflationary rate was therefore calculated at 9 months at the average 2022 rate and 3 month at the 2023 rate. This gives a rate of 3.65%

6.2 Residential and Nursing Care Homes

Option One

Offer an inflationary uplift of 4.38% based on the RLW uplift, the National Insurance contributions and the projected CPI for 2022/3.

Most of our residential and nursing care home providers are not paying their staff the RLW This uplift may not be enough for providers to meet the inflationary uplift

required to meet the statutory NLW and therefore providers will become financially unstable. This option is not recommended.

Option Two

Offer an inflationary uplift of 5.4% based upon the NLW uplift, the National Insurance contributions and the projected CPI for 2022/3.

This option is recommended. It would both enable the providers to meet the statutory increase required to meet the national living wage and work towards the real living wage as it is based on our rebased rates. In addition it reflects increased costs and the anticipated decrease in inflationary rates.

This would increase our framework prices:

Residential: £571.76 to **£602.64**

Nursing: £639.15 to **£673.66**

6.3 HomeCare

Option One

Offer an inflationary uplift of 4.51 % based on the RLW uplift, NI contributions and the projected CPI for 2022/3.

Most of our providers already pay the RLW to their staff. This uplift would enable them to continue to do this.

There are some providers who currently do not pay the RLW. The Council will work closely with providers to look at their financial model and move towards the RLW. The RLW has increased from £9.40 to £9.90.

This option is the recommended option and would increase our hourly rate from £17.30 to **£18.08**.

Option Two

Offer an inflationary uplift of 6.02% based upon the NLW uplift, the National Insurance contributions and the projected CPI for 2022/3.

This option would enable our providers to pay in excess of the RLW. Unfortunately this option is not financially sustainable and so not recommended.

7.0 Reasons for Recommendations

- 7.1 The recommendations will enable our homecare providers to maintain their commitment to paying the RLW. This will be reinforced contractually by the Council.
- 7.2 The recommendations will enable our nursing and residential care home providers to pay the NLW increase and in some cases move closer to or maintain the RLW.
- 7.3 The rates will be kept under review as part of the market sustainability work the Council will need to do in 2022.

Recommendations

That the Executive:-

- Note the content of the report
- Approve the recommended inflationary uplifts for homecare and residential and nursing care as follows :
- Homecare : 4.51% , - £18.08 p/hr
- Residential and Nursing Care : 5.4% -

Residential: £602.64.

Nursing: £673.66.

Finance Officer Clearance (type in initials).....HZ.....
Legal Officer Clearance (type in initials).....DS.....

CORPORATE DIRECTOR'S SIGNATURE (electronic)

