

TRAFFORD COUNCIL

Report to: Executive
Date: 23rd. January 2023
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.

This report summarises the consultation responses and recommends inflationary uplifts for 2023/2024.

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 2023:
 - Homecare : 8.74% inflationary uplift - this equates to £19.66 p/hr for framework homecare providers.
 - Residential and Nursing Care Homes : 9.17% inflationary uplift
 - Residential Bed Rate: £657.90
 - Nursing Bed Rate: £735.43
- 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

Background Papers: None

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 and Trafford Living Well at home strategy are aligned : 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 a wide range of needs so that people only enter</p>

	<p>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>
<p>Financial implications</p>	<p>The proposed 8.74% uplift for homecare will increase the current hourly rate from £18.08 to £19.66.</p> <p>The proposed 9.17% uplift for residential and nursing care will increase the current minimum bed rates for residential from £602.64 to £657.90 and for nursing from £673.66. to £735.43.</p> <p>The proposed uplifts take into account increases in the RLW (10.1%) and forecast CPI for other costs. The Council has used a forecast from the Office for Budgetary Responsibility on the average CPI of 5.5% across the 23/24 financial year in addition to this additional investment is to be made to recognise the unexpected increase in cost pressures due to higher-than-expected inflation throughout 22/23. Therefore, the total percentages applied to non-pay related inflation are 8.5% to Residential & Nursing providers and 6.5% to homecare.</p> <p>This reflects an additional 3% inflation on non-pay related expenditure for Residential & Nursing (estimated costs £692k) and an additional 1% on homecare (estimated cost £182k) resulting in a total estimated cost of £874k.</p> <p>The impact of the above will result in an estimated additional budgeted investment into the homecare and care home market of £7.4m for 2023/24. This would be met from within the overall allocation in the Medium-Term Financial Plan (MTFP) for Adult Social Care in 2023/24.</p> <p>The Council proposes to apply the host local authority uplift for out of borough placements.</p>
<p>Legal Implications:</p>	<p>Consultation requirements are set out in relevant legislation and other requirements as set out in the report. Legal advice will continue to be sought where required.</p>
<p>Equality/Diversity Implications</p>	<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</p>

	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.
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 Our focus last year was on maintaining progress towards the Real Living Wage. We took a mid-year stocktake in August/September 2022 on how many providers were paying the Real Living Wage, and noted significant improvements, despite the challenge of rising costs across the care sector.
- 1.3 **Homecare – Real Living Wage position**
The response from our homecare providers was that 100% of providers (28) on both our tier 1 and tier 2 frameworks now pay the RLW to their care staff. This is a clear improvement from the January position which was 70%.
- 1.4 **Older Peoples’ Residential and Nursing Care Homes – Real Living Wage position**
The response from the residential and nursing care market was more mixed, in that the salary structure enabled progression within the service with lower rates for new starters. The lowest salary rate was used for the purpose of this analysis.
- 1.5 We surveyed all the care homes (32) in the borough and the position has improved significantly with only 11 homes in the borough currently not paying the RLW to their care staff. This represents roughly a third of the market. Again, this is a clear improvement on the position in January where only a third of the market were paying the RLW.
- 1.6 Our focus for 2023/4 will be on maintaining the progress towards the Ethical Care Charter and in particular maintaining the commitment to the Real Living Wage together with a recognition of the impact of the increased cost of living.

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 impact 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 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 is 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 published the following timetable in the Executive Committee report on Fair Price for Care on the 24th October 2022:

Date	Activity
14.10.22	FCOC return to DHSC
24.10.22	Executive Report
26.10.22	Consultation Starts
23.11.22	Consultation Ends
Nov/Dec	Publication of Annex B following DHSC scrutiny and permission to share
December 2022	Executive Report – consultation feedback and agreement of rates
February 2023	Publication of FCOC and Market Sustainability Plan

- 4.2 The consultation took place from the 25th October and ended on the 23rd November 2022. The letter also invited providers to take part in developing the Council's Market Sustainability Plan. We received no comments from the homecare sector on the proposals and two responses from the residential/nursing care home sector. One response expressed an interest in being part of developing the Market Sustainability Plan.

The Executive Committee for December was moved to January so there has been a slight delay in publishing the consultation feedback and new rates.

4.3 Consultation Response

- 4.4 The first consultation response was received on the 31st October 2022. The respondent supported the Council's position but reminded the Council that the matter of the RLW did need to be fully addressed in the inflationary award:

“From the information provided it would appear that the proposed inflationary uplift is fair and reasonable based as it is on RPI/CPI and making allowance for the increase in the RLW. We remain committed to the RLW and will implement the full increase in time for the new financial year commencing 01/04/2022. In the meantime we have supplemented all pay grades over and above the 2022 RLW to try and support our team in these difficult times. As we understand it, the Council will be working towards making the RLW mandatory for all providers. Whilst this is very much to be applauded this does need to be recognised in the annual review. We are, therefore, very pleased to note that you have planned to do so.”

4.5 The second response was received on the 23rd. November and gave a different view. This response also referred to the impact of inflation during 2022 and the FCOC exercise. Although these were not part of the consultation, they will be responded to for completeness. This respondent repeated many of the comments he has made over the last 29 years and which have already responded to. This report contains those most recent comments.

4.6 Consultation

The respondent suggested that the consultation process was lip service as it was not carried out by an independent consultant such as Laing and Buisson, using their template as this was nationally recognised.

The respondent further suggests that this is because the Council has a very poor relationship with providers.

Response

Trafford Council consults every year on its proposals and has a statutory duty to do so. The format of the consultation is such that providers are encouraged to respond on what the uplift will be rather than complete a lengthy exercise. Requests for a breakdown of cost such as that required in order for the Laing and Buisson template to be completed have historically had a very low response and so are never representative.

The Fair Cost of Care exercise was conducted on the Council's behalf by an independent consultant, and also had a low response. The template used nationally and endorsed by the DHSC was not the Laing and Buisson template.

The Council believes that this was due to the onerous nature of the response requested and the number of clarifications required rather than anything to do with the nature of the relationship between providers and Council.

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

The respondent reminded the Council for the second year in a row, 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 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.

Response

This was responded to in the report last year, where charts illustrating the actual price that the Council pays and the significant increase in average rates over the

years. 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 average cost of residential care in 2022/3 as calculated in December 2022 is £734.70. The average cost of nursing care in 2022/3 as calculated in December 2023 is £929.52. The average cost of nursing placements for people with a diagnosis of dementia is £1056.28. These averages will change slightly with time as they represent actual spend based on the people recorded in the system at a point in time and this will change as those people and associated costs change.

4.8 Other increasing costs

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

Response

Last year, these costs were included in the calculation of the inflationary rates – CPI/RPI which at the time were based on Government predictions. These predictions proved to be wildly inaccurate and as a result Councils, the care sector, other businesses, organisations and residents have been subject to having to meet increased costs without any additional funding or income.

We will be making a more generous settlement this year to reflect those costs.

4.9 Pay

The respondent stated that “It has been announced that the Living Wage (for over 23’s) will rise by 9.68% from April, 2022, from £ 9.18 per hour to £ 10.18 per hour. For the record, I am sure that all providers would like to pay all of their staff at least the Real Living Wage of £ 10.90 per hour (2022/3). However, the fact of the matter is that as a majority of the sector’s revenue comes from Local Authorities, enabling providers to do this is entirely “ within the gift ” of the Council and of the Government..”

Response

The figures referred to by the respondent are that of the National Minimum Wage. The Council uses the National Living Wage and the Real Living Wage as parameters in setting the inflationary uplift. These are:

	Rate from April 2023	Annual increase (£)	Annual increase (per cent)
National Living Wage	£10.42	0.92	9.7
21-22 Year Old Rate	£10.18	1.00	10.9
18-20 Year Old Rate	£7.49	0.66	9.7
16-17 Year Old Rate	£5.28	0.47	9.7
Apprentice Rate	£5.28	0.47	9.7
Accommodation Offset	£9.10	0.40	4.6

[Minimum wage rates for 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The respondent mistakenly suggests that the majority of revenue comes from the Council to the care sector. Whilst that is likely to be true for homecare, it is certainly not the case for residential care – in fact Trafford Council purchases less than half of the beds in Trafford.

4.10 Fair Cost of Care exercise

The respondent makes two main points -

1. The Council “engaged a so-called “ independent ” organisation (CommercialGov) to undertake this exercise” for them who was not Laing and Buisson.
2. The Council has not shared any of the documents that the Council was required to submit to the DHSC. This includes to “the providers who provided the core data, and it is their data, not the Council’s, not CommercialGov’s, not the DHSC’s. “

Response

1. The Council engaged the organisation through an open tender process and unfortunately Laing and Buisson chose not to bid for the contract.
2. Data supplied by providers has been anonymised and submitted to the DHSC on the templates as requested by the DHSC. Once that data has been validated by the DHSC and the Council have been given permission to publish that data then we will. The DHSC is committed to providing further guidance and has recently confirmed that the expectation is that Councils to publish Annex B before the 1st February 2023. The original requirement to publish the MSP in February is being reconsidered by the DHSC and the date is now more likely to be 1st March 2023. However the Council will continue to work with our care providers in shaping the future. This respondent has been invited to take part in developing the MSP.

4.11 Cost effectiveness of the Care Sector and continued Underfunding of the Sector

The respondent makes the following points:

1. The Care Sector is better value for money than expensive costly private hospital beds.
2. Residential Care is more cost-effective than large packages of home care costing as much as £4000k per week
3. The Council have consistently put political priorities before care of the elderly and given how difficult it has been for care providers because of Covid where they literally put their lives on the line, followed by the challenges of significant cost

increases, the respondent urges the Council to support the most vulnerable in society and those who in turn look after them as a first priority.

Response

- 1 & 2. It is difficult to comment on the first two points as the respondent is highlighting the costs incurred by people who have chosen to pay privately for their care. However with reference to point 2, the majority of people who are funded through the Council would choose to remain at home for as long as possible.
3. The Council has acknowledged, and continues to acknowledge, the incredible and vital contribution of all of our care providers in continuing to support our residents both through the pandemic and beyond. During that time, the Council worked in partnership with providers to support as much as possible through swift distribution of grants, supplies of PPE and advice, information and guidance. We have continued to do this wherever possible.

Notwithstanding the importance of our care providers, the Council has a number of statutory responsibilities to meet along with providing care for the most vulnerable in our society. The Council also has a responsibility to make the best use of public money in meeting those statutory responsibilities. Unfortunately as the respondent has been unable to give any specific examples of when this has happened, it is difficult to respond to this allegation.

5.0 Commissioning intentions and Market Sustainability

5.1 Residential and Nursing Care Homes

We have referred to setting up a Flexible Purchasing System – 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 had proposed that we delay the FPS further until such time as we have completed the FCOC work, and the validated information from this in order to inform any future contracting. Moving towards any increase in fee levels will always be dependent upon increased funding levels from the DHSC.
- 5.3 The Council do not wish to delay setting up a FPS any further and so following further consultation with providers and the development of the final version of the MSP, will set a timetable for the development of the FPS in 2023
- 5.4 Councils will receive a number of new funding streams from DHSC for 2023/4 – whilst the financial allocation have been set, the streams will have different criteria attached to them, and we are currently awaiting the final detail on these. This will not be available until after the consultation on the settlement which closed on the 16 January 2023.
- **Social Care Grant** - The Social Care Grant is a grant provided to upper tier authorities for social care expenditure, on both adult and children's social care. The majority of this funding is the result of savings from delaying the rollout of adult social care charging reform.
 - **Discharge Funding** - The Discharge Funding grant is provided to upper tier authorities to ensure those people who need to draw on social care when they

are discharged from hospital can leave as soon as possible. The Discharge Funding must be pooled as part of the Better Care Fund

- **Adult Social Care Market Sustainability and Improvement Funding Grant** - The Adult Social Care Market Sustainability and Improvement Funding Grant is provided to upper tier authorities to enable tangible improvements to be made to adult social care, in particular, to address discharge delays, social care waiting times, low fee rates, workforce pressures, and to promote technological innovation in the sector. The government proposes to maintain the current levels of Fair Cost of Care funding for local authorities. This is to continue to support the progress local authorities and providers have already made this year on fees and cost of care exercises. It also reflects that elements of the ASC reform programme have been delayed for two years (until October 2025), as well as feedback that underpayment is only one issue facing the sector

6.0 Summary and Recommendations

6.1 The recommendation that the Council has considered takes into account the following rates:

- the RLW uplift of 10.1%
- the NLW uplift of 9.7%
- the CPI rate at November 2022
- the CPIH rate at November 2022
- the forecast CPI average rate for 2023 and 2024

The final inflationary uplift figure recommended usually takes into account any salary increases and the predicted rate of inflation for the following financial year.

This year we have added an additional percentage to the predicted rate of inflation rate to help offset the cost-of-living pressures incurred by our care providers.

6.2 Inflationary rate

We considered using the CPIH for this exercise as it reflects householders cost, including utilities and so may better reflect the position of residential care providers who have had to meet increased costs of utilities and fees. However, the CPIH is lower than the CPI so we have used the CPI figure for this exercise.

We have looked at the predicted inflationary rate for 2023/24. The Office of Budgetary Responsibility predicts this to be 5.5%.

[Economic and Fiscal Outlook - November 2022 \(obr.uk\)](https://obr.uk/economic-and-fiscal-outlook-november-2022/)

6.3 RLW/NLW uplift

All of our homecare agencies and two-thirds of our care home providers currently pay the Real Living Wage. The hourly rate for the RLW has been increased to £10.90 an hour. This is an inflationary uplift of 10.1%

We have therefore included an inflationary uplift of 10.1% for all providers to enable those providers who currently pay the RLW to maintain this, and those who do not to make the necessary changes to their pay rates to achieve the Real Living Wage.

The commitment to the RLW will continue to inform our approach to working with the care sector and will form part of our FPS.

6.4 Additional Uplift

This year, because the Council have received additional monies for social care, we will be including an amount for providers to help offset some of the additional costs of living incurred this financial year.

Residential and nursing care homes have incurred significant and unavoidable increases in the costs of utilities, food and drink and petrol. Therefore, the additional amount for this sector will be: 3%

Homecare agencies have also incurred additional costs, in petrol and to a lesser extent in utilities. Therefore, the additional uplift for this sector will be 1%.

This additional amount will be added to the 5.5% inflationary uplift and will result in the following percentages to be applied to non RLW related expenditure.

- 8.5% for residential and nursing care homes
- 6.5% for homecare.

6.4 Total recommended uplift for 23/24 :

- Residential & Nursing **9.17%**
- Homecare **8.74%**

The figures are summarised in the table below:

Rates	Trafford 22/23	Increase %	Increase £	Trafford 23/24
Residential	£602.64	9.17%	55.26	£657.90
Residential EMI	£602.64	9.17%	55.26	£657.90
Nursing	£673.66	9.17%	61.77	£735.43
Nursing EMI	£673.66	9.17%	61.77	£735.43
Home Care (Framework)	£18.08	8.74%	1.58	£19.66
Home Care (Non Framework)	£17.13	8.74%	1.50	£18.63

The residential/nursing uplift will apply to all current rates including top up fees.

6.5 Other options

There are two other options

6.5.1 Offer an inflationary uplift based on the RLW and the CPI predicted rate only.

This would mean that the care sector would not receive any contribution to the cost of living increases and could lead to the financial collapse of some of our services.

This option is not recommended

6.5.2 Offer an inflationary uplift which matches the overall rate of inflation for 2022/3 (i.e. 10.1%).

This uplift would not take into account the inflationary uplift that was offered last year and would be in excess of the CPI for 2023/4. In addition, this would exceed the funds that the Council has available for social care.

This option is 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 maintain their commitment to paying the RLW and for the minority of providers who do not pay the RLW to move closer to doing so. This will be reinforced through the FPS.
- 7.3 The recommendations will also support the care sector in meeting the additional costs incurred by the rising cost of living.

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: 8.74%, - £19.66 p/hr
- Residential and Nursing Care: 9.17% -

Residential: £657.90

Nursing: £735.43

Finance Officer Clearance GB
Legal Officer Clearance SB

CORPORATE DIRECTOR'S SIGNATURE *(electronic)*

A handwritten signature in black ink, appearing to read "Dae Zetm". The signature is written in a cursive style with a large initial "D" and a stylized "Z".