Annex 2

Market Sustainability Planning
Provider Engagement

Purpose

The Market Sustainability Working Group engaged invited care providers from the following sectors:

- Care Home
- Home Care
- Extra Care Housing
- Supported Living

The engagement was an opportunity to hear from care providers about their challenges and opportunities as a care provider in Oxfordshire and help inform the Market Sustainability Plan for 2023 -2026.

Methodology

The period of engagement took place between 19 January 2023 through to 20 February 2023, with a feedback session planned for 6 March 2023. This report summarises the views and opinions obtained by Market Sustainability Working Group from care providers during this period. Set out below are the direct comments from providers from each of the workshops which have not been edited apart from the removal of individual names.

First Workshop - 12 January 2023

Provider Feedback

Provider - Would like us to consider Live In care agency and raise awareness with self-funders and in the community for rehabilitation at home as well as people with complex needs. Would like to have a conversation with someone in OCC to raise awareness and about the work they do and build a relationship and reconnect with OCC.

Provider - The starting point needs to be we need to have a conversation about a realistic understanding of Oxfordshire's market place. At the moment the solutions feel like a 'one size fits all' solution. The reality is Oxfordshire has low unemployment and very few carers who are available and the clients are geographically spread out. OCC hampers itself and providers by not recognising that it is a rural market place in Oxfordshire. By having a 'one size fits all' it make its very difficult for providers to support in picking up the isolated and rural clients. We need to structure the solutions around the market place. How to structure what you are asking us to do in a wide spread environment and consider the time and cost of this.

Provider - As part of the market sustainability work is there any thought about phasing out older housing stock that is not fit for purpose or housing stock that could be renovated?

In addition, has OCC given any thought to the arrangements when existing or future housing providers come into the market to avoid costs and loss of support income when people move out?

Provider - Why does care have to be time based it's not cost effective; we end up losing money. Could we look at task-based payments for domiciliary care instead.

Provider - There's an issue with supply and demand. In Oxfordshire there isn't the supply at the moment for people we need to bring into the care industry. A lot of providers are working within overseas recruitment. Also, they are having to rely on charities and grants. There is a fundamental problem in the market place, as the offer is not sufficient. This needs to be looked at and it's a question of can we afford it or can't we afford it. We need to get to a point where we agree what we need to do, and this is how much it is going to cost us.

Provider - Regional Manager support four homes across Oxfordshire. Recruitment is a real issue in Oxfordshire, also custom housing is expensive, and we are stealing from each other to recruit often. Have a robust overseas programme and support the homes they got, but still have gaps in recruitment.

We have housing elements which have accommodation for staff that provide a stable environment, however staff that move because of the cost of living and because it is so much cheaper in the north of the country, even though you provide a stable community and infrastructure around them it still comes down to the cost of living.

Provider - With regard to overseas recruitment in domiciliary care, there might be a perception that this is cheaper for providers for getting staff from abroad. It actually cost £2 more than recruiting staff in the UK. We also need to do a lot of induction work in the first couple of months for overseas staff.

Provider - We take on a lot of risk every time we take staff from abroad, as we have to offer them full time hours and guarantee salaries and have to pay for their travel time and what we need to look at is how OCC can support us with overseas recruitment, as we need to make sure staff are fully employed and that makes it much more cost effective for us and reduces any downtime.

For example, if I employed a member of staff in a care home I could offer them full time hours, however this is different in domiciliary care, because we get paid for half an hour or however long the visit is and then staff have to travel to their next visit plus, there may be gaps until the next visit. How do we fill the holes up to reduce the risk to providers?

If OCC are looking at better access to affordable housing in Oxfordshire, can we make sure the accommodation package are spread across the county.

Provider - There is a housing developments who are offering £15,000 off if you are a key worker. I have a blue light care and I am encouraging staff to have the card, however there are some organisation who are refusing to accept the blue light card unless you can show that you work for the NHS - JF asked to email him the organisations details.

Second Workshop - 19 January 2023

Provider Feedback

- Feels like the commissioning intentions are repeating themselves.
- There are challenges with asking Nursing Homes to do more. It is difficult for care home providers.
- Resourcing of staff is difficult and recruiting quality staff.
- Rural areas for Homecare providers are difficult as need to cover for mileage and the set rate does not cover for this. Cost of living has increased, and staff/providers are struggling as the set rate doesn't cover this.
- Overseas recruitment. May be better for providers who are large organisations. People are recruited from overseas but then go over to another provider or the NHS as the pay is better. Housing is very expensive, and it can be difficult to find housing for people. Providers are having to pay a lot of money upfront which impacts on them. There is a big commitment for providers as they must train staff, pay for housing / loans, pay for flights, etc.
- Some providers are doing sponsorship in this country, this is mainly for people who are from overseas and their visas are due to end. There can be a lot of due diligence checks which need to be completed which can be both timely and costly.
- Providers do not feel that they are getting support from Government and that OCC need to keep saying this and raising concerns with Government on their behalf.
- Providers are losing staff to the NHS and feel that this is due to the pay and opportunities available.
- If providers keep losing staff or cost of living keeps increasing this will impact on the quality. Providers want support from OCC to help manage this.
- If everybody gets it right, it is a good opportunity to get the workforce right. Providers need to be able to support staff to develop and progress in their careers.
- One provider example: Could instantly recruit to support a person when the pay was increased. Prior to this the council were paying for agency staff to cover at a higher rate, yet if the rate paid to the provider had been slightly higher, they could have recruited to the post. The provider could have still helped the council to save some of the money they were paying initially for the agency cover.

Initial discussion about Live-in care and ECH not being thought about well in terms of supporting people to live independently and to support the Oxfordshire Way when looking for options to support people in crisis.

LD and working age adults often come second to the needs of older people- that's how it feels at times. Reference to providers wanting to get back to the pre-Covid days of really good joint working, face to face events etc. This was echoed by all providers in the room.

Funding must be adequate to deliver quality.

Communications - OACP are carrying out comms survey. WG explained that he was mapping comms and interested to hear how we can communicate better across the sector (both outgoing comms from OCC and how providers can communicate clearly).

Provider - the length of contracts is too long, for example the LWAH is a 5-year contract to run and is performing poorly. These contracts are pushed through without consultation with providers. Is the contract being remodelled in any way etc.

Provider - OCC don't have funds to really support the rest of the market, this is something providers have raised before, clearly contract failing, but no time for us to revisit this - is this something we're considering? *Staff member responded that they are aware of the contracts and are starting to think about the future of the contracts.*

Provider - ideally something to look at as a service development opportunity as a contract closed for the next 3 years – what are the thoughts for the contract going forwards – contract doesn't help with sustainability

Provider - I have been doing this 20 years, it's a revolving door, we are listened to but not acted on. The Council never seems to learn from previous experience. There are personnel changes, but providers see the consistency. What would work is proper engagement and listening to provider

Provider - negotiated the original contracts, looked at DPS contract when originally developed 5 yrs. ago, managing partner average fees were £1,500 wk. dementia specialist home, review the fee regardless of source of funding, when we talk about joining the DPS, but would never join with OCC and would not contract with OCC unless they pay the fee, OCC used to purchase lots of beds but no longer.

Provider - fee review clause is fundamental; OCC's are not a good strategic partner. If I am going to invest 100k in a residential bed, don't rely on the council to fund it. Unless they have the right contracts and the right price.

Provider - asked what's quality, it's measures quality as a deviation from the specification. Hospitals are being blocked because OCC won't pay, there is plenty of opportunity to buy, so there shouldn't be the pressures in the system widely reported The fair cost of care exercise provides a description of the cost of care , this feeds into the exercise, what comes out, nothing as OCC don't engage, or OCC don't believe providers.

Provider - agrees about the pricing points, a big change in the council in the last 2 years was that there was not a successful restructure. Previously knowledgeable people - only just recently the council has recognised this hasn't worked - believe there's a move towards transactional relationship instead of engagement with the portal requirements evidencing this - believe it's a move towards transactional relationship. Covid a consideration.

Provider - need to be a move forwards building trust. There is a waste of contracts on an industrial scale, and it smacks of mismanagement. Now having to manually manipulate data to work in the portal makes it harder on providers but easier on the council. Has 3 different contracts and it's an admin burden, there should be a single contract rather than 3, 4, 5, 6 contracts with additional burden, there is a lack of

bandwidth i.e., lack of people with experience etc. but lack of opportunity to present ideas and a true relationship is equal relationship with providers, OCC needs us and providers.

Provider - sessions like today are helpful - when we are told we're getting the opportunity to engage, the meetings are not good, there's no agenda and it feels it's just an exercise where providers come along and be talked at - a tick box exercise.

Provider - good resource and care not being used. What does a quality conversation look like, well it's this - breakout rooms!

Third Workshop - 6 February 2023

Provider Feedback

Provider - As an ABI provider we don't fit into OCC's frameworks i.e., Live Well and Age Well. ABI is specialised, it's a condition it doesn't discriminate, it covers all age groups. It touches on all areas; it's really thinking about where we fit in.
Staff member to pick this up.

Provider - Live in Care is a seen as Cinderella care. We cover all age groups; this entails covering people with neurological problems and also behavioural difficulties. Is keen to be part of the conversation and the potential resources both for social services, CHC and self-funders, so that people know there are other options there.

Provider - How will we support hospital discharge and avoid hospital admissions?

Provider - What is OCC planning around the support for safeguarding teams and social workers and expanding this. If people have safeguarding issues and can't be supported, as a private provider we rely on the council to support us with safeguarding concerns and for social workers to support us to making these decisions. If we are already struggling with staff shortages, how are we going to expand this.

Fourth Workshop - 20 February 2023

Provider - it looks OCC are pushing for more extra care housing when we are already struggling to recruit staff in domiciliary care

Provider - would like OCC to share the DHSC grant allocation for the cost of care and how this will be spent.

Provider - OCC did a Valuing Care exercise a couple of years ago and this had a 45% return rate and OCC used this to set the contract rates. Why does OCC have concerns about the 50% return rate from care homes.

Provider - housing sustainability and reference to supported living, need to ensure we have housing that meets people needs and possible future needs as well. Also, we need to think about the financial positions, where we have a more equitable costs around voids when people move out of a property and how the void costs are shared. We need a better model for one-to-one hours, and we can sometimes lose a proportion

of the core hours. When the accommodation needs some adaption or further work it's difficult to move someone in or make it more attractive and providers are left picking up the financial costs. This is part of the market sustainability conversation of where the cost pressures are in supported living.

Provider - If we look at the Skills for Care data the average vacancy rate in Oxfordshire is about 11 ½ % vs 10 ½ % on average for the country and the turnover rate for our workforce is 45% vs a national average of 30% there are significant problems with workforce. How we recruit, attract, retain, and train staff needs to be a key part of the market sustainability plan. OCC could use the cost of care modelling tool to help increase staff pay.

Provider - as part of the care home cost of care exercise the majority of care providers in Oxfordshire are independent and smaller operators and not larger providers. Relying on larger providers is not relatable to smaller providers as our costs cannot go to a huge head office. Unlike larger providers we don't meet with CQC or the DHSC to have these kinds of discussions. It's good that we do with OCC. Our buying power is different. We have questioned things with OCC and are not hearing back on rates we put in lots of information, and we don't hear anything back from OCC.

Provider - As a domiciliary care provider we have been speaking to OACP which is good but sometimes feels this is not get enough of a voice through to Oxfordshire Council directly. We need more direct communication with the Council.

There is a growing resentment between smaller providers and strategic providers because of quality of care, as we see their CQC reports, and these providers still seem to be getting new packages of care and as a smaller domiciliary care provider we are struggling to get packages from OCC. Even though we respond to the emails from brokers straight away we don't get them as they go straight to strategic providers, this is a quality-of-care issue, as someone is not looking at the quality of some of these providers before allocating the packages of care. Feels like there's a us and them out there. We are not able to pick up packages on a spot basis even though we know there are still pressures in the market.

Provider - Seeing an increasing demand in complexity of needs coming through in tenders and in the people we support. We need staff who can cope with this and the right internal support system with training, this leads back to the recruitment and having the staff with the right training and skills. Is this the pipeline of individuals Oxfordshire is seeing coming through?