OXFORDSHIRE COUNTY COUNCIL

Final Market Sustainability Plan 2023 - 2026

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

a) **Assessment of current sustainability of the 65+ care home market**

Sustainability of fee rates

The tables below show the enhanced and standard rates from our current population for all placements (excluding out of county) in care homes for people aged 65+.

	April 2021 to September 2022	April 2022 to September 2022	All Median
Nursing - Complex	£1,200.00	£1,250.00	£1,176.33
Nursing - Standard	£1,200.00	£1,200.00	£1,075.31
Residential - Complex	£1,000.00	£995.00	£1,000.00
Residential - Standard	£794.00	£794.00	£794.00

Figures 1- rates and rates (Source:

Current fee median CoC OCC)

	Median for placements after April 2021	CoC 83.8% Occupancy	CoC 90% Occupancy	Gap 83.8%	Gap 90%	% Gap 83.8%	% Gap 90%
Nursing - Complex	£1,200.00	£1,427.97	£1,399	£227.97	£218.97	19%	18%
Nursing - Standard	£1,200.00	£1,408.00	£1,380	£208.00	£198.00	17%	17%
Residential - Complex	£1,000.00	£1,187.96	£1,165	£187.96	£171.96	19%	17%
Residential – Standard	£794.00	£1,121.07	£1,099	£327.07	£309.07	41%	39%

Figure 2 - Current fee rates and median CoC rates based on occupancy (Source: OCC)

Sufficiency

The number of local authority clients accessing care homes in the year 2021/22, based on SALT Data, suggest that Oxfordshire's utilisation of care homes is above the average for the peer group per 100,000 of the 65+ population, which may reflect the lower availability of beds in care homes without nursing compared to peer authorities.

There is a wide variance in the sufficiency of care home supply (all types) to meet forecast demand across the County, based on the population aged 65+ most likely to require care and support. Some areas have little or no care home provision. In more rural areas there may be limited choice for people needing support in a care home. In contrast, some areas have high levels of provision, above the forecast needs of the local community.

Looking at expected demand for care and support, based on the population aged 65+ most likely to require care and support, there is a wide variance in the adequacy of care home supply (all types) to meet forecast demand. The map below shows the variance between care home supply and forecast demand by Middle Layer Super Output Area

(MSOA). Negative numbers show areas where there is a potential shortfall of care home beds based on current local authority commissioning levels relative to supply. Positive numbers show a potential over-supply.
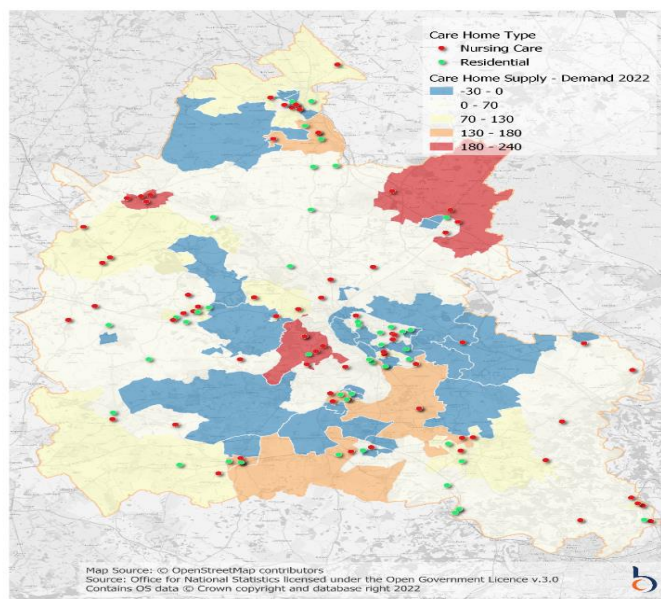

Figure 3 - Map showing location of care homes and forecast different between care home bed supply and forecast demand

The map below shows the location of Care Homes and Care Homes with Nursing in Oxfordshire. Localities with several care homes show these clustered around the central location.
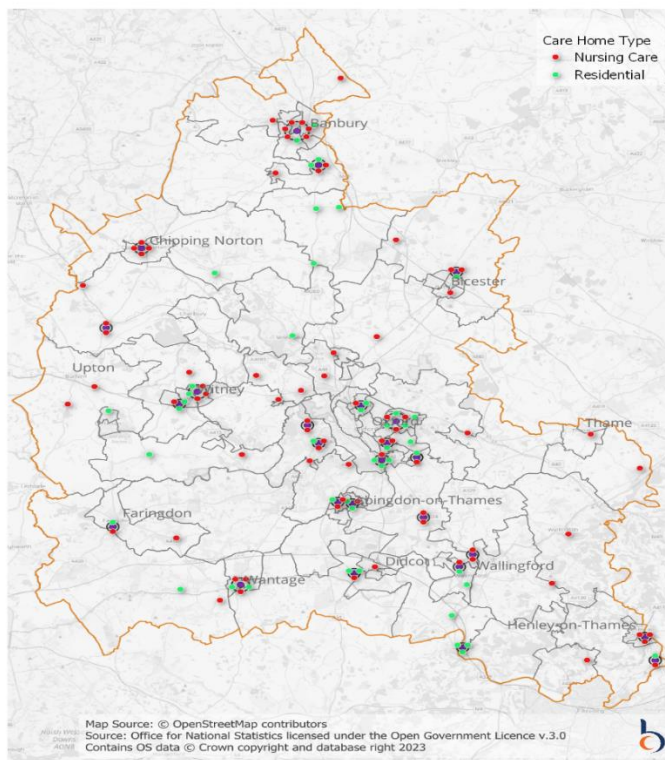

Figure 4 - Location of Care Homes by Type. Source: CQC Data February 2023

As can be seen, the County has a potential imbalance in care home provision, with certain areas having few or no care homes. The overall supply of care home beds is sufficient to meet need, but an over-supply of nursing care compared to residential care. 75% of

Oxfordshire's care home beds are registered for nursing provision compared to 49% nationally.

Care Home Type	Number of Locations	Number of Beds
Care Only	53	1,435
Care with Nursing	79	4,334

Figure 5 - OCC Performance and Information (Social Care), CQC March 1, 2023

The number of beds in 65+ care homes **without** nursing per 100,000 of the 65+ population is at the bottom of Oxfordshire's CIPFA Peer Group, whilst the number of beds in care homes **with** nursing is second highest. CQC data does identify homes that provide care without nursing within nursing homes, so the number of care only beds is likely to be higher than the stated figures, although this affects the data for the peer authorities too.
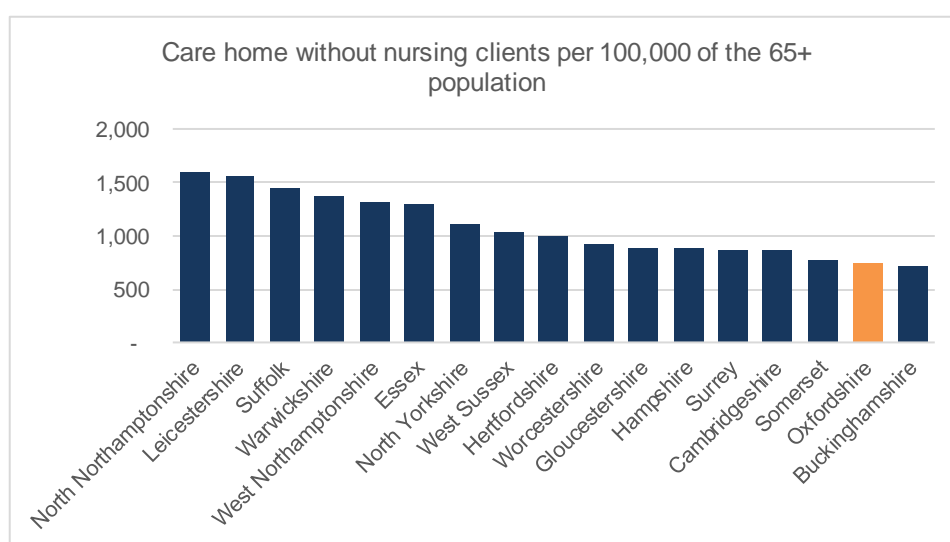

Figure 6 - Beds in care homes without nursing per 100,000 of the 65+ population., Source CQC Data February 2023,
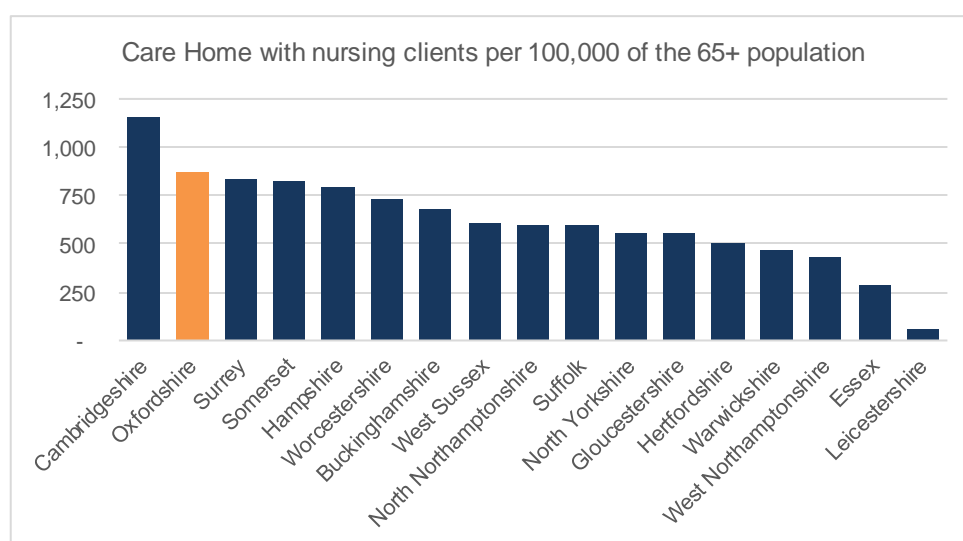
ONS Mid-Year Population Estimates 2020

Figure 7 - Beds in care homes with nursing per 100,000 of the 65+ population.,

Source CQC Data February 2023, ONS Mid-Year Population Estimates 2020

The number of commissioned beds (based on SALT data 2020/21) reflects the number of care home beds: In care homes **without** nursing commissioned beds per 100,000 of the 65+ population is the lowest for Oxfordshire's CIPFA Peer Group, whilst the number of commissioned beds in homes **with** nursing care beds is at the top of the peer group:
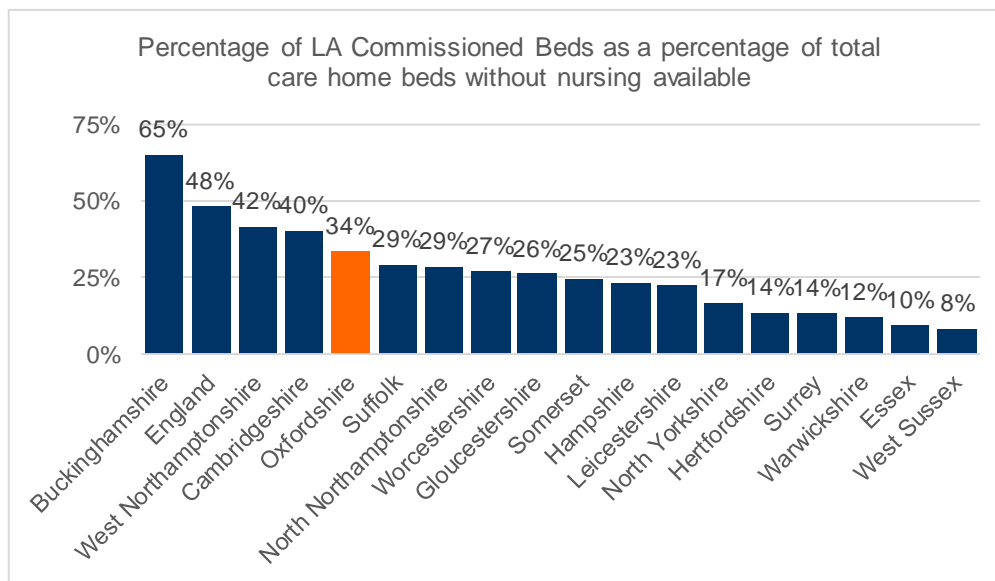
*Figure 8 - Commissioned bed/weeks as a percentage of total available bed weeks in care homes **without** nursing. Source: CQC February 2023, SALT Data 2021/22*
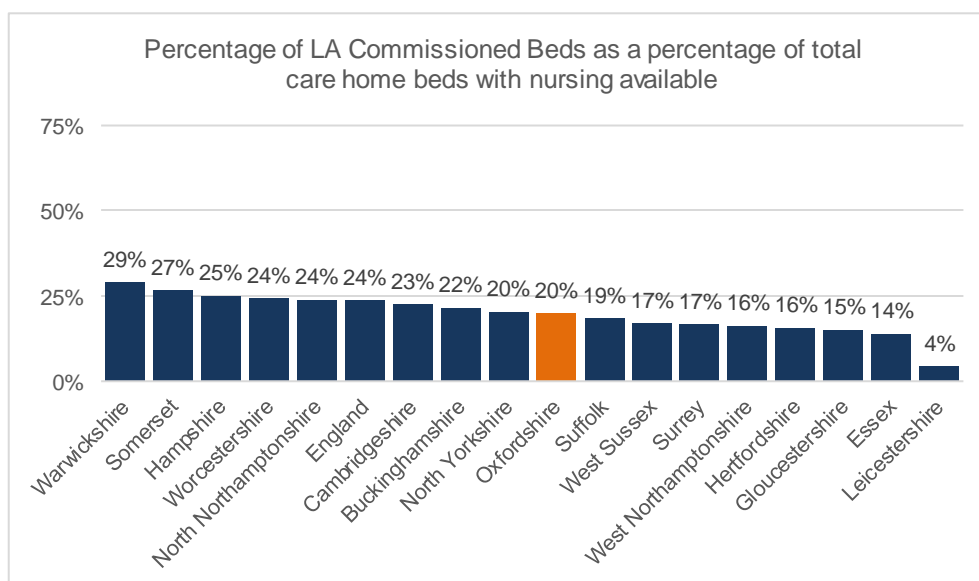
Figure 9 - Commissioned bed/weeks as a percentage of total available bed weeks in care homes with nursing. Source: CQC February 2023, SALT Data 2021/22

The current overall supply of care home beds (with / without nursing care) is sufficient to meet current and projected commissioning needs to at least 2025. Oxfordshire's utilisation of care homes to meet the social care needs of older people is above the average for the peer group. The overall percentage of commissioned beds as a proportion of total beds available (c 45%) suggests that the market is dependent on self-funders. This may have resulted in lower weekly costs to the Council currently but could increase the impact of charging reform on the Council and providers.

The largest provider in Oxfordshire incorporates former council owned / run care homes. The contractual relationship allows for savings when compared to a typical spot

purchased placements. The NHS purchases an additional 5% of care home places. 2020 and 2021 brought fluctuations in care home admissions because of the pandemic, together with the inflationary pressures on all providers in 2022, these changes have brought significant price increases for new placements.

In Oxfordshire there are 130 care homes of these 79 are care homes with Nursing. Overall, 92% of Council and NHS funded Oxfordshire residents are placed within the county. On average, care home bed capacity at any one time comprises of:

- 10% vacant beds
- 57% taken up by self- funders (including those receiving Funded Nursing Care)
- 33% funded through ASC or NHS CHC.

CHC Placements	ASC Permanent Placements	ASC Short Term placements	Total
226	1425	107	1758

Figure 10 - Commissioning Aging Well - Oxfordshire Health, Education and Social Care Joint Commissioning Team (HESC), August 2022

Diversity

There is a range of care home provision across the County with an extensive self-funder market for care home places. 32% of providers are small, having fewer than 60 care home beds in total, compared to 46% which are large, with a total of over 1,000 beds nationally. There is also a wide range of alternatives to care home provision, including retirement housing and older person's supported housing, including extra care housing. We are currently delivering 927 units of extra care, increasing to 1,007 in November '22 and 1,082 in January '23. Extra Care schemes are generally located in areas where demand for care and support is highest.

Work has been undertaken across Oxfordshire to continue the transformation of adult social care and the way in which it is delivered in partnership with the local community. This has been described as 'the Oxfordshire Way'.

The Oxfordshire Way combines changes made to initial contact, operational service delivery (including Care Act assessments and strengths-based approaches to person-centred support planning) and supporting services, such as brokerage and commissioning. It also supports and promotes wider transformation activity across the council, with a focus on strengths and assets, building momentum for prevention and independence. It is underpinned by the dedicated website Live Well Oxfordshire (www.livewell.oxfordshire.gov.uk)

The Oxfordshire Way is critical to reducing early or avoidable admissions to care and ensuring no-one enters a care setting through lack of choice in the community or risk averse practice. Our performance measures demonstrate a reducing trend in care home admissions.

We have developed a compelling future narrative and roadmap for the transformation of Adult Social Care and the role it will play within our communities - The Oxfordshire Way.
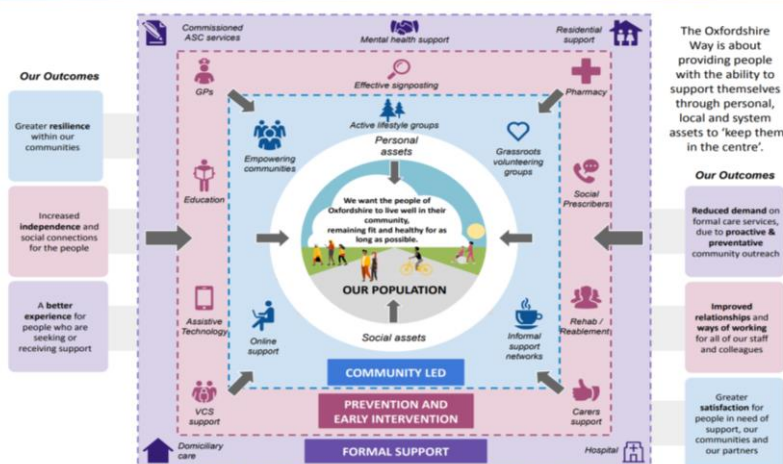
Figure 13 - The Oxfordshire Way Roadmap for ASC transformation across Oxfordshire, February 2021

While Oxfordshire has developed a range of short-term placement pathways to support hospital flow and discharge to assess through nursing home 'hub beds' and spot purchased placements, these may not be viewed as strictly innovative. During the pandemic we were able to develop a designated setting with Oxfordshire Care Partnership (OCP) and established a hotel with care as a short-term measure. Both these relied on agency care workers due to the county's workforce challenges.

Carers surveys report issues with supply of Personal Assistants and Home Care Agencies including lack of availability and high turn-over of support workers.

As part of the Oxfordshire Way the council commissioned Community Catalysts to stimulate the growth of micro-enterprises, focused on parts of the county where traditional care providers have a lower presence. This resulted in 74 community micro enterprises (CMEs) currently supporting 995 people with 3,029 hours of support. From the Adult Social Care Outcome framework there are two specific measures on adults with a learning disability. On both, we are in the top quartile nationally. There is one on all people 18-24 and again we are in the top quartile nationally.

Measures	21/22			22/23
	England	Oxon	Oxon rank (/151)	Oxon
The proportion of adults with a learning disability in paid employment	4.8	9.1	20	8.7
The proportion of adults with a learning disability who live in their own home or with their family	78.8	87.9	30	88.1
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	13.9	7.9	28	8.8

Figure 11 - Adult Social Care Outcome framework (ASCOF), March 2023

Of equal importance to the success of the Oxfordshire Way is our partnership working with the VCSE, including their direct involvement in the transformation programme. The council and NHS commission Age UK to deliver support in people's homes to prevent admission to hospital and enable discharge after an admission in line with Pathway 0.

Quality
Oxfordshire has 53 care homes without nursing and 79 care homes with nursing based on March 2023 CQC data. Oxfordshire has a good quality care homes, with 87% of care

homes without nursing rated as good or outstanding, and 91% of care homes with nursing. There are no care homes rated as inadequate.

Overall Rating	Without Nursing	With Nursing
Outstanding	7%	11%
Good	80%	77%
Requires improvement	13%	10%
Not Rated	0%	1%

Figure 12 - Overall quality rating of CQC registered care homes in Oxfordshire
(Source: CQC data March 2023)

There is a mix of older and more modern care homes across the County. Oxfordshire's care home provision, in terms of number of beds per location for care homes without nursing, is above the national average, which may suggest slightly more modern stock. Care homes with nursing reflect the national average.

Workforce
Skills for Care data, based on the Adult Social Care Workforce Data Set (ASC-WDS), suggests that the social care workforce in Oxfordshire consists of around 17,500 adult social care jobs in Oxfordshire, of which 8,000 are in care homes.
Turnover in non-residential services is 59%, which is higher than care homes, and the vacancy rate is higher at 17.4%. 59% of non-residential care workers remained in the sector when they changed employment.

Vacancy levels in care homes in Oxfordshire is relatively low at 16.3% (based on Skills for Care data for March 2022), although the turnover in care homes is high at 56.8%, which suggests that staff are moving between care homes or different care sectors rather than leaving care completely, although more staff are leaving the care sector from nursing homes.

Pay levels are higher compared to regional and national averages, with average pay rates for front line care workers at £9.96 is Oxfordshire compared to £9.82 for the South East region and £9.66 for England. The cost-of-living crisis is likely to increase wage pressure on care homes, particularly in rural areas where transport and household energy costs are higher compared to urban areas. This is likely to result in skills shortages in some of the rural areas where care provision is already limited.

For CQC non-residential services, front line care workers are paid at £10.04 per hour based on October 2022 data, which is higher than the care home rates.

Trend data suggests that Oxfordshire's utilisation of care home provision (with and without nursing) remains high compared to the authority's CIPFA Statistical Neighbours. This may reflect the rural nature of the majority of the Oxfordshire and the challenge of delivering home care to a dispersed, rural, population. It does suggest that there are some opportunities for exploring non-care home provision.

Pay within care homes, based on March 2022 data, shows that Oxfordshire already pays above regional and national averages, but the cost-of-living increases are likely to have a more significant impact on rural areas, pushing up the cost of care home provision and homecare. Vacancy levels in care homes remain relatively low compared to peers but can be expected to rise due to wage competition with other employment sectors, particularly as the cost-of-living crisis continues to impact on low-paid workers.

Provider and customer views

Care home providers generally remain engaged with the Council and good return rates in care homes, above national and regional averages, support this. This allows potential for positive engagement with providers in discussions about the options arising from the fair cost of care exercises and the implications of other charging reform.

ASCOF data for 2020/21 suggests that social care related quality of life is good, in common with the region.

b) Assessment of current sustainability of the 18+ domiciliary care market

Sustainability of fee rates

The table below shows the current average hourly fee rates paid for domiciliary care for people aged 18+ and the median weekly rates arising from the Cost of Care Exercise:

	18+ Domiciliary Care Rate per hour
Current Average 2022/23	£25.20
LaingBuisson - Median CoC rates from validated submissions	£30.12
Difference	£4.92
OCC - Median CoC rates from validated submissions	£26.15
Difference	0.95p

Figure 13 - Current fee rates and median CoC rates (Source: OCC Commissioning Team; LaingBuisson)

Sufficiency

Data for trends in care at home show a consistent rising trend in hours commissioned by the council.
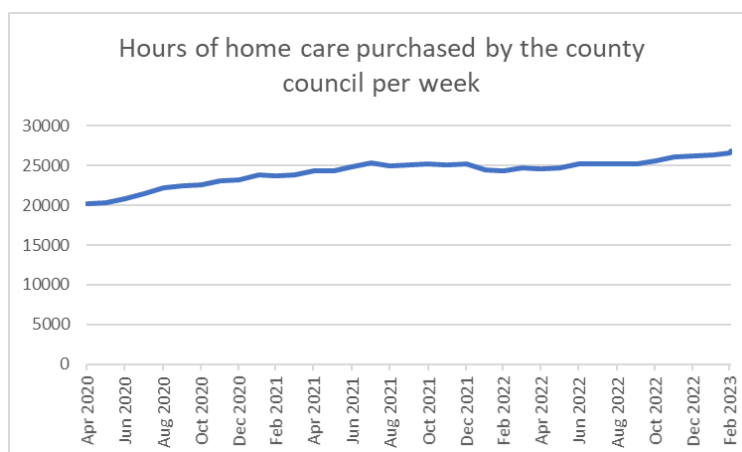

Figure 14 - OCC Performance and Information (Social Care), March 2023

Oxfordshire has a high level of commissioning of social care services from the community (generally homecare) compared to the CIPFA Peer Group for 65+ domiciliary care. The level of commissioning is lower for people aged 18-64.
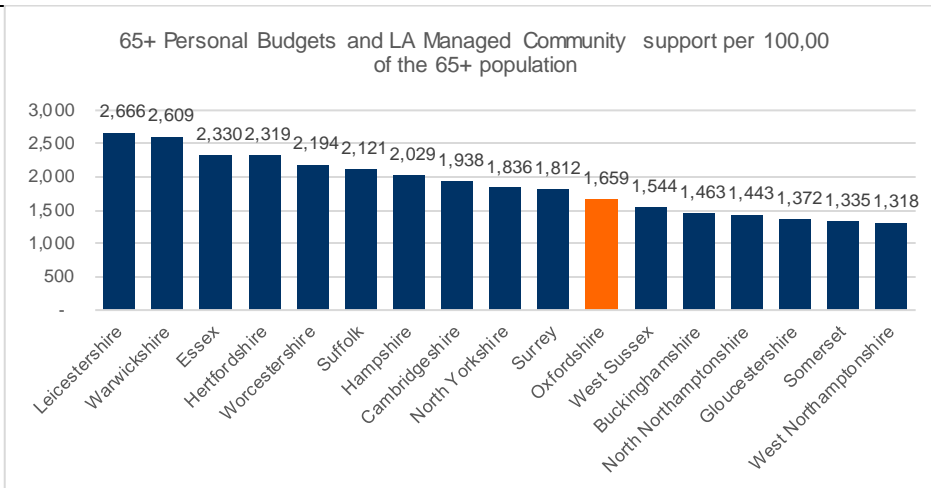
65+ Personal Budgets and LA Managed Community support per 100,00 of the 65+ population

Leicestershire 2,666, Warwickshire 2,609, Essex 2,330, Hertfordshire 2,319, Worcestershire 2,194, Suffolk 2,121, Hampshire 2,029, Cambridgeshire 1,938, North Yorkshire 1,836, Surrey 1,812, Oxfordshire 1,659, West Sussex 1,544, Buckinghamshire 1,463, North Northamptonshire 1,443, Gloucestershire 1,372, Somerset 1,335, West Northamptonshire 1,318

Figure 15 - 65+ Personal Budgets and LA managed community support per 100,000 of the 65+ population

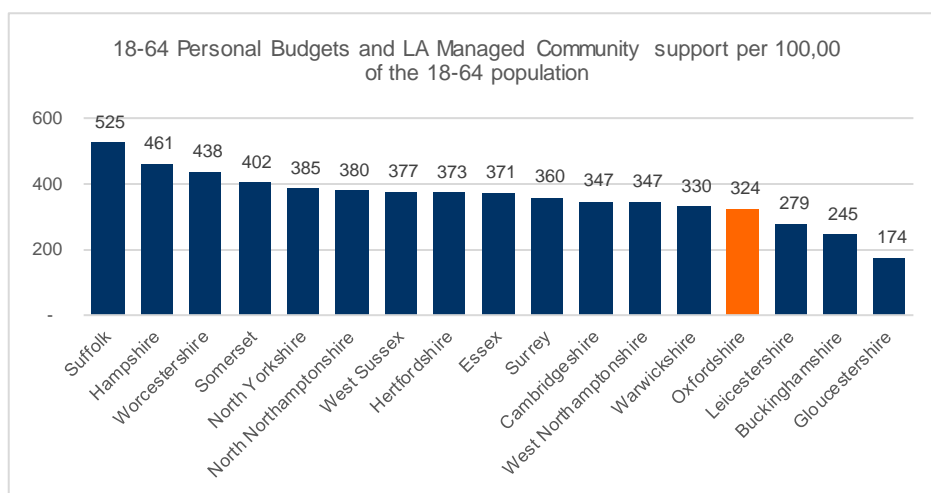*(Source: SALT data 2021/22, Mid-Year Population 2020)*

18-64 Personal Budgets and LA Managed Community support per 100,00 of the 18-64 population

Suffolk 525, Hampshire 461, Worcestershire 438, Somerset 402, North Yorkshire 385, North Northamptonshire 380, West Sussex 377, Hertfordshire 373, Essex 371, Surrey 360, Cambridgeshire 347, West Northamptonshire 347, Warwickshire 330, Oxfordshire 324, Leicestershire 279, Buckinghamshire 245, Gloucestershire 174

Figure 16 - 18-64 Personal Budgets and LA managed per 100,000 of the 18-64 population

(Source: SALT data 2021/22, Mid-Year Population 2020)

Oxfordshire has a relatively small number of domiciliary care locations registered to provide services only for people aged 18-64 (9, compared to a peer group average of 15) and below the group average of locations for people aged 65+. This results in a relatively high number of commissioned service users per location for 18-64 domiciliary care, and a relatively low number for 65+ domiciliary care locations.
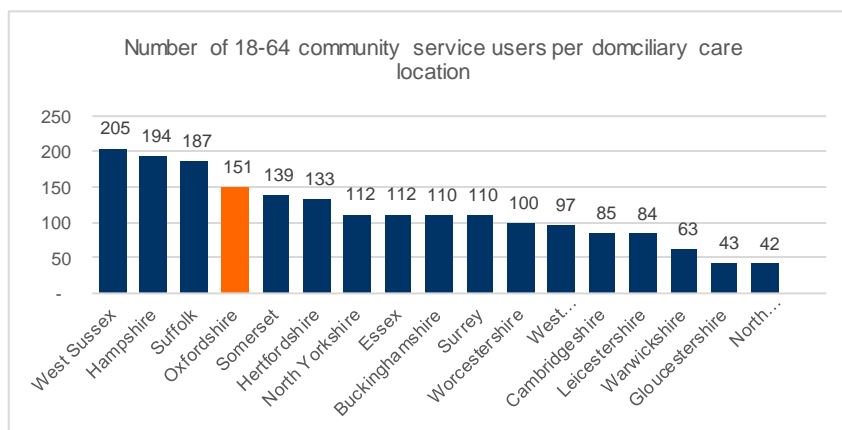
Number of 18-64 community service users per domciliary care location

West Sussex 205, Hampshire 194, Suffolk 187, Oxfordshire 151, Somerset 139, Hertfordshire 133, North Yorkshire 112, Essex 112, Buckinghamshire 110, Surrey 110, Worcestershire 100, West... 97, Cambridgeshire 85, Leicestershire 84, Warwickshire 63, Gloucestershire 43, North... 42

Figure 17 - Number of 18-64 service users receiving community -based support in the year
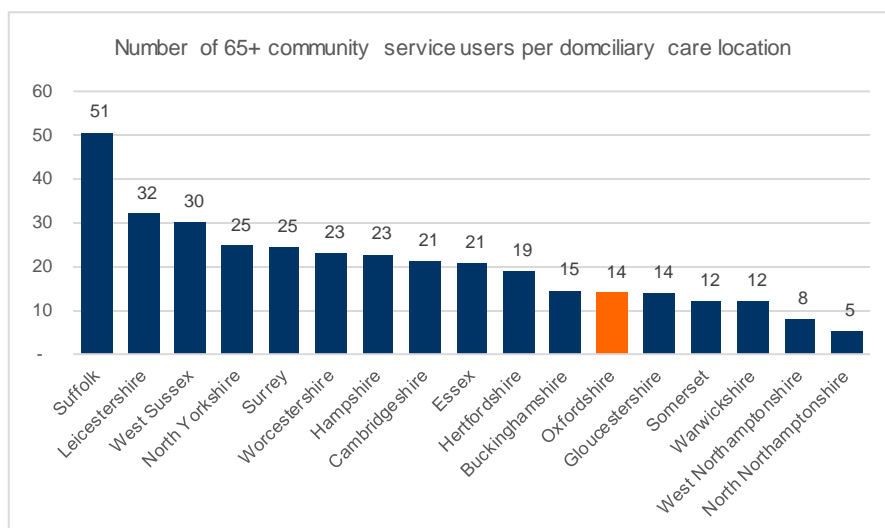
(Source: CQC data February 2023, SALT data 2021/22)

Number of 65+ community service users per domciliary care location

Location	Value
Suffolk	51
Leicestershire	32
West Sussex	30
North Yorkshire	25
Surrey	25
Worcestershire	23
Hampshire	23
Cambridgeshire	21
Essex	21
Hertfordshire	19
Buckinghamshire	15
Oxfordshire	14
Gloucestershire	14
Somerset	12
Warwickshire	12
West Northamptonshire	8
North Northamptonshire	5

Figure 18 - Number of 65+ service users receiving community-based support in the year

(Source: CQC data February 2023, SALT data 2021/22)

At the 6 March 2023 for all community and hospital pathways there were 382 people were waiting for care post assessment,. Most people waiting were in Oxford City

	Care Homes	Home Care	Total	
			No	**%**
Cherwell	6	28	34	17.8%
City	29	18	47	24.6%
South	18	16	34	17.8%
Vale	19	22	41	21.46%
West	8	27	35	18.3%
Oxfordshire	80	111	191	100%

Figure 19 - OCC Performance and Information (Social Care), March 2023

As at (7/03/2023), there were 17 clients, 298.25 hours actively being sourced for home care. On the hospital pathways there were:

Pathway	Hours
Hospital Acute	122.75
Hospital Community	96.25
Hospital Hub	45.5
Hospital Hub – Winter beds	42
Hospital MH	4

Figure 20 - OCC Brokerage, Oxfordshire Health, Education and Social Care (HESC), March 2023

In 2021, the council recommissioned home care services through an innovative five-year Live Well at Home contract, integrating reablement and home care across the five zones

of the county, with set hourly rates and reablement episode fees. Four Strategic Providers were appointed to work in Oxfordshire with a Home First multi-disciplinary team hosted by the Council. They are supported by shadow providers for each zone and underpinned by a framework of 'zonal' providers across all areas. A key purpose was to develop resilience and improve the sustainability of our local care market.

The LWAH model was designed to create:

- A seamless service across reablement and long-term care, allowing us to avoid changing care providers as people transition from reablement to long term care wherever possible.
- A focus on building on people's strengths to maximise their independence within their own home and community.
- A contract funding model that promotes stability of the workforce by incentivising providers to recruit staff on salaried contracts (as opposed to casual hours) and offer long-term training and career development to their teams.
- During 2022 the Strategic Providers have encountered significant recruitment and retention challenges in spite of the stable financial model. However, the number of providers joining the framework has risen from 18 at its inception a year ago to 70 as of March 2023.

Diversity

70% of the home care providers in Oxfordshire are small, with fewer than 4 locations nationally and 60% only have a single location, in Oxfordshire. 26% of providers are large, with more than ten domiciliary care locations nationally.

As noted above in relation to care home provision, Oxfordshire has a range of preventative services (Oxfordshire Way), including support at home and assistive technology and supported housing options for people who are unable to manage in their own homes.

Quality

Overall quality of domiciliary care provision in Oxfordshire is reasonable, with 66% of the 138 registered domiciliary locations in the County rated as Good.

Overall Rating	Percentage of Locations
Outstanding	10%
Good	80%
Requires improvement	12%
Inadequate	1%

Figure 21 - Overall quality of Domiciliary Care Locations. Source: CQC Data February 2023

Workforce

As with the care home workforce, there are considerable pressures on the home care employment market. For providers, there is a strong upwards pressure on wages to compete with other sectors, particularly as the cost-of-living increases. This will result in strong pressures on the local authority to increase home care rates. Travel costs for care workers providing domiciliary care in rural areas has been flagged as a particular issue, although providers have expressed this as a serious problem in all areas. Combined with the overall cost of living increase, and reports of staff leaving their roles due to fuel prices, providers face higher vacancy rates across the county. Longstanding challenges linked to market capacity in rural areas (particularly Vale and West) have meant longer waits for care.

The council has brought together care providers at Workforce Round Tables to explore how we can collaborate to improve attraction, recruitment, and retention, drawing on colleagues with a range of expertise on related themes such as the economy, values-based recruitment, overseas recruitment, sustainable travel, and employee rewards schemes. We have also used Workforce Recruitment and Retention Fund (WRRF) to support initiatives on carer wellbeing and welfare.

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

Impact of charging reform on the market

The charging reforms are likely to have significantly less of an impact on people aged 18-64 because a large proportion of these services apply to people with long term disability. The Government's own impact assessment on the reforms was unable to determine a reliable figure for the number of people self-funding their care.

New cost of care

The median Cost of Care rates are significantly higher than the fees currently paid by the Council. In order for these rates to be sustainable for the Council, increases in fee levels over time will need to be matched by funding from government and linked to measures that reduce long term demand including alternative models of care.

Lifetime cap on care and means test for over 65

Based on the median nursing home CoC rate of £1,380, less a provisional reduction of £200 for notional hotel costs and £209.19 for funded nursing care, an individual self-funding their nursing home placement would take 84 weeks to reach their care cap, less any period paying for eligible home care in advance. The median length of stay in 1,440 permanently funded care home places was 101 weeks for all residents on the survey date, and 62 weeks for the 429 residents who died within the year. Length of stay is falling in Oxfordshire care homes for people placed by the council, reflecting the goal of maintaining people's wellbeing and independence for as long as possible. It is anticipated that a reducing proportion of residents entering care from 2023 will reach the care cap.

Lifetime cap on care and means test for people aged 18-64

The charging reforms are likely to have significantly less impact on people aged 18-64 because a majority of these services apply to people with long term disability. The Government's own impact assessment on the reforms was unable to determine a reliable figure for the number of people self-funding their care.

Most people between 18-64 will reach the care cap, but the impact on the costs to the local authority is expected to be relatively limited. The most likely impact is on people who have become disabled later after the age of 18 and are funded from insurance or pensions.

18(3) - self-funder

There is a large self-funding market in Oxfordshire in terms of care home and home care provision. An estimated 55% of people receiving social care services are self-funding, it is probable that there will be a rising number of people asking the authority to arrange their care, which, if arranged at the median fee rates, is likely to reduce income for care home providers from self-funders.

Average property prices in Oxfordshire are £462,000 so it is likely that most people who own their home before entering care will reach the care cap before their assets fall below the £100,000 Upper Capital Limit.

Impact of inflationary pressures

These are the substantially the same risks as for 65+ care homes above, with the exception of some domiciliary care specific issues:

- For individuals with care needs, people may seek a care home placement earlier than previously to avoid the costs of food, heat, and light in their own homes. This is likely to be a particular impact on care homes where the home will cover these costs. It is not clear whether the cap on hotel costs will be adjusted to reflect these increased costs for care homes. People receiving domiciliary care in their own homes are likely to have rapidly increasing needs where they cannot afford to eat or heat their homes adequately. This is recognised in public health analysis and is the driver for winter warmth / warm homes initiatives.
- For care workers, the rising cost of living will impact on the affordability of wages in the care sector, particularly if the national living wage does not keep pace with inflation. This may increase the pull towards other employment sectors, away from care, exacerbating existing staff shortages. For domiciliary care workers, the combined increase in the cost of living generally and increased fuel costs is likely to lead to a higher level of turnover and more people leaving the care sector to work in employment sectors where wages are higher.
- For providers, they will face increased demands for wage increases from staff and increased costs of running services. The risk of higher turnover in staff will see providers making greater efforts to enhance overseas recruitment. For home care services, there will be a direct impact of supporting vulnerable service users who cannot afford to eat or heat their homes adequately. This will lead to pressure on local authorities to increase both home care and care home fee rates.
- The council uplifts fee rates each year to take account of inflation and ADASS / LGA advice. Broadly, these uplifts are based on four factors: The National Minimum Living Wage and the 'real living wage'; the CPI in September; specific one-off government announcements such as NI contributions; building and transport related costs. This methodology will be less reliable in the context of significant fluctuations in inflation over time and the differential impact across types of cost.
- The local authority will be directly impacted by each of these factors, alongside increasing costs of running all Council services.

Overview of strategic risks

The key risks are:

- Unfunded cost increases in care home and home care provision based on the median costs. Based on care home costs an increase of £150 per week average for 1,440 permanently funded care home places would cost £11.2m a year.
- The cost-of-living crisis which will impact staff recruitment and retention for care homes and domiciliary care providers, increasing pressure for wage increases. Workforce was the greatest challenge in recent years in Oxfordshire, prior to the cost-of-living crisis. We have held a series of Round Tables with partners across the sector to share successful approaches and provide briefings from external experts.
- Increased demand for care services from people who are unable to eat or heat their homes adequately, particularly in those areas where there are pressures on staffing.
- Increased pressure on the council infrastructure with earlier demand for Care Act assessments, financial assessments, and brokerage. There is also likely to be an increase in complaints and general enquiries requiring additional resources to respond.

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

There is potential to increase the use of home-based support and reduce commissioning of care home places. However, the rural nature of the County and the impact of cost of living increases on rural home care workers means that the costs of home care might be higher than care home placements.

Cost of living pressures are likely to work against attempts to increase the amount of home-based care because of the impact these have on people with care and support needs and care workers.

In 2022/23 Oxfordshire was allocated £1.5m of the £162m, with up to 25% available to complete the exercise and to strengthen the internal commissioning and contract management capacity. The funding has been applied within the terms of the grant and was mainly used to contribute towards the uplift of 6% awarded in 2022/23 to the majority of provider rates. The 6% uplift will be maintained for future and subsequent years.

In 2023/24 Oxfordshire will be allocated £5.4m of the £562m. This is an increase of £3.8m from the amount received in 2022/23 and therefore reflects the additional budget available to be allocated. This has enabled us to increase the annual uplift by 1% for providers beyond the amount set aside in the Council's Budget.

At the Autumn Statement in 2022 it was announced that the grant would increase by a further £283m to £683m nationally in 2024/25, assuming the same share of the funding it is assumed that Oxfordshire would receive an additional £1.1m, at this time this funding has not been confirmed or allocated. The median cost of care calculated in the exercise is not currently affordable within the grant awarded to the council, and therefore it is not possible to move to paying this immediately.

As part of the fee uplift for 2023/24 from 1 April 2023, the council has applied an uplift of 9% to all services operating within Oxfordshire whose current rates are within the ceiling thresholds. The 9.% uplift is based on:

- Reflecting the increase in National Living Wage (NLW) on April 1st of 9.7% typically applies to 70% of provider costs.
- Reflecting the Office of Budget Responsibility forecast Consumer Price Index 2022/23 of 9.1% applies to 30% of costs.
- The National Insurance Health and Social Care Levy increase of 0.5% was applied in 2022/23. We have removed this following tax changes announced in November

We are looking to streamline our capacity so that we have better occupancy which would ensure the workforce is better deployed and we are looking to free up resource around reablement and domiciliary care. We already have a strong approach to good rates of pay for our staff.

Sufficiency and Diversity
- Take forward a median based on 90% occupancy minimum to inform the fee setting process and the actual cost of care
- Invite providers to help develop our approach to adjusting for fixed and variable costs
- Investigate the number of nursing hours which currently stands between 12-13 hours per resident per week in Oxfordshire
- Further exploration of the oversupply of care home beds across the county which the council is seeking to address in the coming years
- Achieve higher occupancy in the more viable homes
- Continue the use of contractual annual fee review and uplift methodology to address costs within available revenue resources.

- Regular care market dialogue and forums to shape and explore any issues, including regular engagement with care providers regarding their business intentions.

Quality

- Continued application of Council's quality monitoring process to drive up quality in the market.

Workforce

- Refresh the ASC Workforce Development Strategy 2023- 2026 to ensure it is reflective of the current market challenges and opportunities to attract recruit and retain staff.

(a) 65+ care homes market

Vision and strategic direction

The vision for the care home market is expressed through our overarching objectives set out in the Health and Wellbeing Strategy, the Prevention Strategy, and the Oxfordshire Way: we want the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible. This means that as the number of older people rises in future, we expect more and more of them to live independently or with less formal support and greater community connection.

There is potential to increase the use of home-based support and reduce commissioning of care home places. However, the rural nature of the County and the impact of cost-of-living increases on rural home care workers means that the costs of home care might be higher than care home placements.

Cost of living pressures are likely to work against attempts to increase the amount of home-based care because of the impact these have on people with care and support needs and care workers.

- *Local authorities may also want to outline any further actions to improve market sustainability, which may include actions to improve capacity and waiting lists/times, supporting discharge, and workforce conditions, expanding use of technology and innovative models of care.*

Adult Social Care (ASC) Digital Strategy

We have an ASC Digital Board which is progressing our ASC Digital Strategy with a key focus on digital first, whilst ensuring we support digital inclusion and maximising our digital offer through innovation and implementation of wider technology to meet the changing needs of our residents.

Assistive Technology

Oxfordshire County Council's dedicated Innovation Hub (iHUB) is working with the council's adult social care team, as well as NHS partners, to pilot and develop a healthy ageing initiative. Using technology created by digital medicines experts CONNECT Care, the pilot is designed to improve health outcomes for patients while easing hospital discharge rates and reducing re-admissions

The healthy ageing initiative pilot will provide the support needed to reduce these risks, helping older people confidently and safely manage their own medicines at home. This support will come in the form of an initial face to face appointment with the individual as they are discharged, to create a personalised schedule for when they should take their medicines.

Individual patients will then be given a CONNECT Care 'smart' medicine storage box, which uses flashing lights and buzzes when it's time to take a dose and can even send texts to the patient's phone or a family member if doses are repeatedly missed. This means patients can benefit from technology that keeps them on track and is bespoke to them.

This is an example of how Oxfordshire is leading the way working innovatively, supporting individuals to be discharged from hospital putting patients first and easing pressures within the health and social care system. By working as one team, sharing the vision of The Oxfordshire Way, and taking a strength-based approach to identify opportunities that can really make a difference, we are using digital solutions to assist residents to live well, within their own homes for longer.

Funding priorities for the next 3 years
- Support of the market to ensure provider stability - targeted support to avoid unplanned provider market exits.
- Wider market engagement with providers to agree a long-term strategy on fees and commissioning
- Working with care home providers to develop a market based on supporting people with complex needs towards the end of their lives, which means shorter care home placements and greater joint working with the ICS - particularly impacts on the provision of nursing care, step-up / step-down services, reablement and assessment.

Allocation of resources to support market sustainability and market shaping
- Relative fee rates - Oxfordshire rates are comparatively high
- Developing a Dynamic Purchasing System and framework for care homes
- Working towards increasing the average occupancy rates in care homes
- Strategic commissioning resources are deployed to engage regularly in dialogue with the sector as a whole and with individual providers, including managing exits from the market where necessary
- Publishing commissioning intentions to support business initiatives
- Targeting workforce resource to people who most need support, maximising informal and VCSE support to help people stay independent and connected
- Council leadership on cost-of-living crisis for whole population will also benefit people working in the care sector which is comparatively low paid.

Evidence of joint working with providers to develop and agree provisional MSPs
Throughout the Cost of Care exercise, including during the preparatory period before it started, we have worked with our care association partners, our provider forums, Laing Buisson, and individual providers to raise awareness of the ASC Reform Programme and the government agenda. This was done to support full engagement in the exercise, aiming for very high return levels, making clear the significance of gaining the maximum possible intelligence to determine the findings about the cost of care in Oxfordshire. We understand we have gained a comparatively high return rate in relation to other council areas. .

We included the Oxfordshire Association of Care Providers and Healthwatch Oxfordshire in the CoC Project Board to ensure transparency of the process and seek their views on wider market engagement. It was not possible in the time available to conduct more

meaningful co-production of the draft MSP, nor to share the preliminary findings of the CoC exercise due to the unreliability of the output in certain aspects.

Subsequently, between 12 January and 20 February 2023, the Market Sustainability Working group invited care providers to attend one of the four Care and Support Market Sustainability workshops, this was to start engaging with care providers and ask for their contributions to help shape the refreshed Market Position Statement for 2023 - 2024 and the final Market Sustainability Plan and define future requirements and commissioning intentions. Officers engaged with care providers through a series of virtual workshops to shape the final market sustainability plan as well as to refresh our Adult Social Care Market Position Statement for 2023-2024 which sets out for current and prospective providers our current local context, what is likely to change and where there may be future opportunities..

A market sustainability feedback session was held on 6 March 2023, where a draft market sustainability action plan was shared with care providers, this detailed the feedback they had provided during the four-market sustainability planning workshop events. This plan will evolve as we continue to work alongside care providers to address any challenges and identify opportunities and innovative ways to deliver care and support and sustain the care and support market in Oxfordshire.

Figure 27 - Market Sustainability action plan - March 2023

(b) 18+ domiciliary care market

Vision and strategic direction
Oxfordshire already performs well on the provision of community-based support for people aged 18-64, including Direct Payments. For older adults, the picture is more mixed.

Cost of living pressures are likely to work against attempts to increase the amount of home-based care because of the impact these have on people with care and support needs.

The vision for the home care market is expressed through our overarching objectives set out in the Health and Wellbeing Strategy, the Prevention Strategy, and the Oxfordshire Way: we want the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible. This means that as the number of older people rises in future, we expect more and more of them to live independently or with less formal support

and greater community connection. This is also our expectation for younger people with disabilities and long-term health conditions.

Oxfordshire already performs well on the provision of community-based support for people aged 18-64, including Direct Payments but provision is limited outside of urban areas. For older adults, the picture is more mixed.

Cost of living pressures are likely to work against attempts to increase the amount of home-based care because of the impact these have on people with care and support needs.

Funding priorities for the next 3 years
There is a need for wider market engagement with care home and domiciliary care providers to agree a longer-term strategy on fees and the longer-term provision of care and support.

- Support of the market to ensure provider stability - targeted support to avoid unplanned provider market exits.
- Increasing the provision of community-based supported housing and supported living for all client groups.
- Joint working with the ICS on the provision of community support services for people aged 18-64, particularly younger people with disabilities entering adult services, people with mental health problems and people with autism.