

Annex C: Harrow's Market Sustainability Plan March 2023

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

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

Whether there is sufficiency of supply to ensure continuity of care (for example, are there some geographical areas where there are concerns regarding capacity, or over reliance on a small number of providers).

The levels of diversity in the market (both in type of services as well as types/sizes of providers).

There are 24 older adult care homes in Harrow, comprising of 13 residential homes and 11 registered nursing homes. There are 1,026 registered beds in older adult care homes in Harrow. There are 330 residential and 696 nursing beds with current occupancy rates of 93% and 82% respectively. Some of the vacant beds are being used for respite.

Harrow has a wide spread of placements across about 110 different providers, in and out of Harrow and does not rely on a small number of providers. At present Harrow only use eight providers to place ten or more citizens and there is a block contract in place with one of these eight providers. The majority of placements are spot purchased, although Harrow is currently looking to increase its proportion of block beds in a targeted manner from its current low base.

The greatest difficulties in sufficiency in terms of local authority placements extends to dementia and suitable provision for citizens with more complex needs and dual diagnosis as well for the small number of bariatric and Korsakoff placements. There is also a challenge in brokering culturally specific provision at an 'affordable' price, which is important in respect of the demographic profile.

Similarly, providers who were invited to attend a North West London engagement session and complete a questionnaire across the eight Local Authorities, thought the greatest sufficiency issues were the need for provision to meet ethnic, cultural and specialist high needs, and for citizens with dementia.

Many providers with lower occupancy levels explained that they were still recovering from the effects of the pandemic and some residential providers noted that there has been a decline in demand as local authorities opt to provide care at home for longer.

Some providers also fed back that staff shortages have limited occupancy levels resulting in higher void periods. There had been reduced demand during the first 18-months of the covid pandemic and often homes were unable to admit new residents during outbreak periods. This continued to impact sufficiency into autumn 2022, although the vaccination booster programme for residents and staff as well as flu vaccinations may have helped to limit the impact. Further engagement and analysis of these points will continue to be carried out. The Health and Care Worker visa scheme, higher pay and benefits have been used very successfully by some homes to overcome staffing issues and improve sufficiency in the past 12 months.

Presently, the average bed vacancy rates amongst residential homes is 7% (5% admissible) and for nursing homes it is 18% (17% admissible). The table below outlines current vacancy levels.

Vacancies as a % of total no. of beds	Residential	Nursing
No vacancies	4	1
Up to 5%	4	3
Between 6-10%	3	3
Between 11-15%	1	1
Over 15%	1	3

The total number for residential is 13 and for nursing it is 11.

There is a good and varied spread in ownership with a mix of locally owned single unit owned homes, locally owned two or more homes and regional or nationally owned 'group' homes. Compared to care homes in neighbouring boroughs, the table below looks at the ownership of the over 65's residential and nursing homes based in Harrow. Levels of capital investment is a likely factor influencing the difference in ownership profile.

Ownership	Residential	Nursing
Family-owned single home (21%)	4 (31%)	1 (9%)
Local family-owned two or more homes (33%)	6 (46%)	2 (18%)
Regional/national owned group homes (46%)	3 (23%)	8 (73%)

The table below shows that Harrow purchased the vast majority of its placements in borough or in surrounding North West London boroughs particularly for residential care.

Market	Placed in Harrow	Placed in NWL LAs	Placed in rest of London	Placed outside London
Residential	59%	25%	4%	12%
Res dementia	58%	28%	4%	10%
Nursing	47%	37%	9%	7%
Nursing dementia	42%	34%	13%	11%

The quality of current services and whether there are concerns about quality in particular areas.

The table below shows that vast majority of homes in Harrow have a CQC rating of good (over 90%), only one residential home has a rating of requires improvement and a new nursing home is yet to be inspected. There are no homes with a rating of inadequate or outstanding.

CQC rating	Residential	Nursing
Outstanding	0	0
Good	12 (92%)	10 (91%)
Requires Improvement	1 (8%)	0
Inadequate	0	0
Not yet inspected (new home)	0	1 (9%)

There are no major constant themes for homes that require improvement, and the council continues to support and work with homes on improvement plans and, where required, provider concern meetings to improve areas of quality.

During regional engagement providers main concerns on quality centred around workforce challenges and rising costs.

Current fee rates paid and if there is an underpayment and how services are currently commissioned.

Harrow's average fee rates during 2022/23 to date for residential placements is £780.46 and for nursing placements it is £901.95. These are lower than the median figures in the cost of care exercise.

Harrow commissions most of its care homes placements through spot placements (93%) rather than block beds (7%). Harrow firstly makes use of any vacancies in its relatively few block bed arrangements but spot purchase from the open market when this is not possible, prioritising in borough homes.

Harrow is not currently named on the West London Alliance DPS procurement, but where possible aligns to the DPS price bands and uses the information for market price indication. Harrow will look to formally join the new WLA DPS when it is reprocured in 2024.

The care homes in Harrow are more weighted towards the self-funder market, which goes some way to explaining the differences in prices. Care homes also tend to be older and smaller in size compared to neighbouring boroughs.

Whether the current market conditions support development of the workforce, whether there are recruitment challenges such as high level of staff vacancies or staff turnover rates.

In terms of ongoing and regular recruitment, providers have fed back challenges due to a range of factors such as low rates of pay and more limited promotion in the sector. Brexit impacts and pay competition from other sectors such as supermarkets and hospitality are also contributory factors. This not only means that the level of applications has decreased in recent years, but the quality is also variable resulting in higher levels of unsuitable candidates and therefore staff turnover.

During regional engagement, four out of five providers felt that there are workforce challenges in recruitment, feeding back that not only is there a lack of applicants for social care jobs but also those who do apply are not of the required calibre and therefore not appropriate to recruit. Increasing pay rates were referenced as a requirement to ensure good quality staff.

Many providers are using the Health and Care Worker visa scheme to recruit from abroad to ensure sufficiency in their provision.

In Harrow, there has also been a trend in the past 18 months of a higher turnover amongst managers and deputy managers. Whilst there are several reasons for this, including promotion to regional roles and retirement, the work pressures, compounded by the extremely challenging covid period in 2020/21, have been a factor. National research has found that there is a correlation in Manager turnover rates and a decline in quality standards and subsequent CQC ratings.

The impact of current inflationary pressures on stability and sustainability of the market, including the potential impact of National Living Wage (NLW) increases in April 2023 on provider stability.

Providers have fed back that the inflationary pressures, particularly the increases in utility bills and the increase in National Living Wage will impact profitability, although it is widely expected that utility inflation will significantly reduce during the financial year 2023/24.

Bed occupancy rates continue to be quite high, which underpins stability and sustainability, and other costs items such as recruitment, maintenance and transport are also expected to be at more traditional lower inflationary levels.

How delays to charging reform have impacted your ability to manage current pressures to market sustainability.

Engagement conversations with providers on charging reforms took place but more detailed planned works was paused once the delays to the reforms were announced.

The council will work with providers once there are any firm government guidelines on the resumption on charging reforms.

The table below is an estimate, gathered through direct engagement with providers, of the proportion and number of clients placed in the over 65s care homes service, which suggests there are around 400 self-funders in Harrow in these settings.

There is a notable difference in the proportion of self-funders in residential homes (67) than in nursing homes (336).

Provider type	Number
Over 65s residential homes	67
Over 65s nursing homes	336

The total number for both residential and nursing homes is 403.

As well as more robust research on actual numbers, any future benchmarking will reveal if Harrow has a greater proportion of self-funders than other local authorities. Care Analytics reported that compared to neighbouring boroughs, Harrow care homes are more geared towards the self-funder market.

During engagement providers expressed some concerns, with a majority raising the gap between self-funder and local authority rates. Providers mainly catering for the self-funder market were unsure if there was the need to re-design their pricing model and delivery of care but were fearful of a reduction in overall fee levels which could

affect quality. Further assessment of this position will inform approaches to local usual rates and preparations for implementing the social care charging reforms.

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

Whether there is sufficiency of supply to ensure continuity of care (for example, are there some geographical areas where there are concerns regarding capacity, or over reliance on a small number of providers). The levels of diversity in the market (both in type of services as well as types/sizes of providers).

Harrow is well served in terms of the number of homecare providers in its geographical borders. There are currently around 56 providers, with a total of 1,553 staff members serving 1,937 clients.

There are no issues in arranging new homecare provision for commissioned and direct payment care citizens, including at very short notice, a weekend start and for double handed packages. There are no (zero) waiting lists and home care is not 'rationed'. Many providers regularly request referrals from the local authority. During regional engagement providers noted that there are numerous homecare agencies with some expressing that there is over supply in the market. Those who felt the market was not diverse enough cited staff shortages and low fees paid by local authorities as a barrier to developing supply.

However, there are some challenges in Harrow, notably:

- The need for more agencies that cover the geographical areas of HA5, Hatch End, Pinner, Harrow on the Hill, Stanmore Hill. This is due to limited public transport and in particular bus routes, care staff are more likely to drive in these areas.
- The need for more agencies who can provide care for citizens with more complex learning disabilities and mental health needs.
- A greater proportion of staff that speak languages reflecting the local population such as Gujarati, Polish and Arabic and, more generally, additional male carers.

The table below shows how long the home care providers have been established in Harrow, which outlines a range of new and established businesses. One in ten (11%) was established over ten years ago and just over half (52%) between five to ten years. The low barriers to entry help to ensure that new providers can establish a registered office in Harrow and ensure a good supply of new provision, which may also be more responsive for changes to the market and newly arriving communities. Whilst a small number of providers ceased their operations during the covid period, new providers have subsequently entered the market with ten (18%) doing so in the past two years.

Established	Number	%
Over 10 years ago	6	11%
5 to 10 years	29	52%
2 to 5 years	11	19%
12- 24 months	6	11%
Within the last 12 months	4	7%

Total number is 56.

The range of providers in terms of size, means that the market is able to manage a large or small number of packages, as shown in the table below. Just over a third (34%) have 40 or more clients; 23% have 11 to 40 clients and the remaining 43% have zero to ten clients.

No of clients	Number	%
100+	4	7%
81-99	4	7%
61-80	6	11%
41-60	5	9%
21-40	8	14%
11-20	5	9%
6-10	9	16%
1-5	12	22%
0	3	5%

Total number is 56.

The quality of current services and whether there are concerns about quality in particular areas.

The vast majority (80%) of homecare providers have a current CQC rating of 'Good'; but 11% are rated 'Requires Improvement'. Only one provider (2%) has an 'Inadequate' rating, although it should be noted that this is a new provider who has only recently had their first inspection. The remaining 4 (7%) of providers have yet to be inspected.

CQC Rating	Number	%
Outstanding	0	0%
Good	45	80%
Requires Improvement	6	11%
Inadequate	1	2%
Not Rated	4	7%

Total number is 56.

The providers that are rated below 'Good' are supported by Harrow's Safeguarding Assurance & Quality Services team on their improvement plan. Some of the providers that have a CQC rating of 'Requires Improvement' have worked very

positively on their improvement plans and now have a local rating of 'Good'. Some of the main themes for the CQC rating of these providers have been workforce issues, the quality of governance and audits, maintaining staff training including refresher training quality.

During regional engagement most homecare providers were of the opinion that quality of the market is predicated on good quality staff therefore, workforce pressures will in the long run drive down quality if it continues on the current trajectory. Low fees will perpetuate the problem as the sector will be unable to compete with other industries thereby narrowing the recruitment pool. This point is particularly pertinent to Harrow compared to its neighbouring boroughs.

There does appear to be a cycle of working with a small number of providers who move between 'Good' and 'Requires Improvement' and need regular support. Six newer providers await their first inspection.

Current fee rates paid and if there is an underpayment and how services are currently commissioned.

Harrow currently pays an hourly rate of £16.60 for all home care directly commissioned packages and sets the same rate for packages purchased by citizens using direct payments. There is no variation in the rate for weekends or bank holidays and is subject to an annual inflationary uplift.

Currently Harrow commissions homecare using a preferred provider list of around 20 local providers with a registered office in borough or in a surrounding borough. Relevant details of new packages are posted on 'Careplace' and providers are able to bid using the portal for any new package. Harrow does not have a patch or area-based system and does not have any 'lead' providers within its current preferred provider list. There is no guarantee for any of the providers of new packages. Harrow recognises the need for a new commissioning strategy for homecare and will begin a major new procurement exercise in spring 2023.

Whether the current market conditions support development of the workforce, whether there are recruitment challenges such as high level of staff vacancies or staff turnover rates.

In terms on-going and regular recruitment, there have been challenges due to a range of factors such as low rates of pay and more limited promotion in the sector. Brexit impacts and pay competition from other sectors such as supermarkets and hospitality are also contributory factors. The level of recruitment applications has decreased in recent years and quality is variable with many identified as unsuitable.

Providers recruit locally and nationally, but many are overcoming the above challenges by recruiting internationally through the Health and Care Worker visa scheme from European countries such as Spain, South Asia, India, Africa, Cameroon, and Zimbabwe. Up to the point of Brexit there had been a greater number of new staff employed from Eastern European countries. The costs of the visa scheme, administration requirements and need to assist with short term housing for new staff was seen as a difficulty of the scheme and a barrier for some providers, particularly smaller and newer providers.

Harrow is one of the few authorities in North-West and West London that does not contractually require providers to pay London Living Wage to staff delivering commissioned homecare. Harrows hourly commissioned rate is one of the lowest. Providers are feeding back that the consequence of this is that front line workers are more likely, when staying in the sector, to transfer to other providers that pay London Living Wage (LLW) in neighbouring local authorities. This feeds local concern about staff turnover in Harrow that there will be a greater shift of employment towards local authorities that pay LLW if this is not addressed.

The proportion of staff with zero-hour contracts in Harrow is approximately 52%, which compares with the London average of 42%; across England the average rate is 25%.

During regional engagement providers noted that staff retention is in some cases affected by the number of contracted hours. Many providers are unable to offer set hours, partly as they do not have enough packages spread throughout the day and fed back homecare agencies may lose staff to care homes who can offer set working patterns. Providers that found capacity to be a challenge to growing their business cited staff recruitment and retention as the main drivers. Those for whom this was not an issue cited international recruitment drives and limiting work to areas that were easily reachable by staff. In this context supporting providers with workforce issues will be a greater priority.

The impact of current inflationary pressures on stability and sustainability of the market, including the potential impact of National Living Wage (NLW) increases in April 2023 on provider stability.

In fortnightly Homecare Forums providers across Harrow have fed back that they have capacity and would welcome new packages. Those on the preferred provider list have fed back that they have approximately 15% of capacity on average.

Providers have fed back that the inflationary pressures, particularly the increase in National Living Wage, will impact profitability.

How delays to charging reform have impacted your ability to manage current pressures to market sustainability.

Engagement conversations with providers on charging reforms took place but the council paused more detailed work once the delays to the reforms were announced.

The council will work with providers once there are any firm government guidelines on the resumption on charging reforms.

It is estimated that there are about 597 homecare self-funders in Harrow, which is about 31% of the total homecare clients of agencies based in Harrow.

During engagement some Homecare providers thought that many clients may not request local authorities to arrange care; due to local authorities having limited resources which would result in slower turnaround times.

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

In this section you should set out your local authority's understanding of the anticipated market changes that will or are likely to occur between now and October 2025, including quantification of the expected impact of these changes on the local market (for both 65+ care homes and 18+ domiciliary care).

It is likely that the following factors, amongst others, will impact the over 65s residential & nursing care home and the home care markets over the next 3 years.

Demographic changes

Harrow's population size has increased by 9.3%, from around 239,100 in 2011 to 261,300 in 2021. This is higher than the overall increase for England (6.6%) and London (7.7%). Growth is particularly high amongst the older age groups. There has been an increase of 19.4% in people aged 65 years and over in this time period.

Harrow is one of the most ethnically diverse boroughs in the UK. The single largest ethnic group is Indian which current stands at around 30% followed by white British at around 22%. In terms of newly emerging communities, the largest growth is amongst the Romanian and Sri Lankan Tamil communities, now estimated to be amongst the largest in the UK.

Harrow's population in terms of ethnicity is quite different when compared to London and more regionally to West London. There is a marked difference in the proportion of white British and non-British population, Indian, Black African and newly arrived communities. The projected ethnic composition through to 2050 is one of continued variance.

There is the need for more detailed work on population when broken down into age range. In the past 10 years growth has been particularly high for older age groups. There has been an increase of 19.4% in people aged 65 years and over, an increase of 7.8% in people aged 15 to 64 years, and an increase of 7.5% in children aged under 15 years.

There is also the need for more work on complexity of needs, as well as the overall projected growth in Harrow's total population with a notable difference between Office for National Statistics (ONS) and Greater London Authority (GLA) projection rates.

Workforce supply and rising demand

Local and regional market engagement highlighted providers concerns that there will be the continued need to compete with other sectors for workforce supply and the need for higher wages.

Brexit and low unemployment rates over the past years has made recruitment more difficult. The Health and Care Worker visa scheme has been successfully used by some providers to help plug vacancy rates, but this does incur costs such as the payment of accommodation for about two months and in the schemes administration costs.

The need to move towards the contractual payment of LLW for carers delivering commissioned and direct payments funded homecare packages is particularly important for Harrow over the next 3 years. Most London Local Authorities are already paying LLW or have agreed firm commitments to do so.

In October 2022, the ONS reported that the unemployment rate fell to its lowest level in nearly 50 years and the jobless rate fell to 3.5% in the three months to August, the lowest since early 1974. However, the squeeze on pay remains with rises in regular wages failing to keep up with the rising cost of living. When taking the rise in prices into account, the value of regular pay fell by 2.9% according to the ONS and pay rises are still lagging behind inflation, which currently stands at 9.9%.

Also in October 2022, Skills for Care reported that unfilled care jobs rose by 52% in the year to March and that the number of care workers in England has fallen for the first time. Skills for Care reported that the fall in filled care posts is due to problems with recruiting and retaining staff but, at the same time, the demand for care has risen nationally and noted the following points:

- a total of 1.79 million posts in adult social care, of these 1.62 million were filled, leaving 165,000 vacant - a rise of 52% on the previous year
- the number of filled posts fell by 50,000 compared with the previous year - the first drop ever
- as the population ages, employers will need to fill about 480,000 more posts by 2035.
- more than a quarter (28%) of the existing workforce are aged over 55 and likely to retire within 10 years.
- four out of five jobs in the wider economy pay more than the median pay for care workers
- the average care worker gets £1 an hour less than a newly hired NHS healthcare assistant
- on average care workers with five years' experience, receive just 7p an hour more than new recruits

Separate research from the Health Foundation charity, in the same month has found that one in five residential care workers in the UK were already living in poverty before the cost-of-living crisis, compared with one in eight of all workers.

Provider investment, diversity of provision and confidence

Fee gaps relative to the cost of care and the loss of income during covid may lead to lower levels of provider funding needed for investment in new provision, training, the upkeep of existing care homes. Investment is required to meet emerging and complex needs.

Local and regional market engagement highlighted concerns amongst providers that may affect confidence levels for the next few years. The key concerns were related to fee levels, inflation, and staff shortages and that is making it more difficult to forward plan and ensure market sustainability.

The 65+ care home market also highlighted the decline in demand for residential services as a reason for lower confidence.

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

- *How your local authority has prioritised funding based on the cost of care exercises conducted in your local areas and taking into account the impact of fee rates on the market sustainability issues identified. The final plan is required to include a summary of how 2022/23 funding has been committed and plans to maintain stability over subsequent years.*
- *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.*

Harrow Council spent 75% of its 2022/23 Cost of Care and Market Sustainability Grant across residential and nursing care homes and Homecare. The remaining 25% for 2022/23 was spent on internal and external resourcing for the implementation activities of the cost of care exercise. This included the detailed analysis of the cost care responses carried out by Care Analytics, although the limitations of the Cost of Care exercise and data analysis have been set out in Harrow's Appendix B report's, links below.

['Harrow Council's Cost of Care Exercise 2022/23 Annex B 65+ Care Homes'](#)

['Harrow Council's Cost of Care Exercise 2022/23 Annex B 18+ Homecare'](#)

Harrow will be publishing a Market Position Statement in April 2023 which summarises its strategic commissioning intentions, opportunities for providers, and local provision supply and demand. Harrow is committed to updating the MPS regularly which will be co-produced with providers, people who use services and partners.

Harrow's fee rates and uplifts budget are shaped by a range of factors including the affordability challenge; future grant allocations that are perhaps likely to be significantly lower than the difference in pay rates and the median cost of care which has many limitations.

Harrow Council acknowledges that it is not able to solve all the sustainability issues noted in this report. Many are influenced by central government policy and national/international economic factors. Nevertheless, there are proposed actions that will be undertaken with the aim of supporting market sustainability which are outlined in this section.

Quality Standards

Harrows Quality Assurance team will continue to support providers to improve quality standards and improve/maintain high CQC and local ratings through planned and unannounced visits, advice and support, training, in achieving the outcomes desired in any improvement plans.

More detailed and targeted support will be aimed at providers that have a 'Requires Improvement' or 'Inadequate' rating and have any safeguarding issues or ask for support on any measures.

Providers have welcomed the continuation of provider forums that are more thematic in nature and allow for more detailed discussions and presentations on key themes, for example changes in the CQC inspections and GP support. The forums will be timetabled to avoid a clash with a regular meeting attending by health colleagues with a set agenda to include items from Quality Assurance, Health, Commissioning, Market Management, Public Health, Contracts Monitoring and Brokerage. Providers have also requested that Care Management teams attend each meeting and to respond to specific queries.

Training

During regional engagement, aside from citing increased pay rates, providers wanted access to free training for their staff as a means of incentivising recruitment and retention.

Free training will continue to be arranged by the Quality Assurance Team and through the LA, Health & Public Health's Care Support Providers Group. The latter has more recently offered falls training and recognising symptoms of deterioration and administering insulin.

Skills for Care presentations at the forums has also resulted in Harrow providers being able to access free and much needed training.

With financial pressures on training budgets Harrow Council will look to tap into other local resources. There are care homes and home care agencies that have designated training suites who are willing to work with LA so that other agencies are able to use these facilities. This would particularly help to support smaller and new providers.

By increasing staff skills this may help the market to cope with increasing demand and complexity of conditions such as dementia.

Workforce/ Employment Support

Harrow Council's exciting Employment Project will continue to be promoted for use amongst care homes and home care agencies as a means of free recruitment support. The project advertises jobs to local residents on web pages, social media and a newsletter. Project Officers also assist with CV vetting, job matching of role profiles and CVs, pre-interview selection, DBS business support, arranging interviews and job sustainability support. The council has also encouraged providers to promote their job vacancies on the 'Proud to Care' website and organised local job fairs.

Practice, demand management and strategic documents

The following relevant measures and strategic documents contribute to market sustainability.

- The Resilient Harrow Programme – Adult Services Transformation (2019) noted that Harrow's embedded strength's approach should lead to sustained greater levels of independence and reduce the need for bedded care and lower home care packages.

- The Adult Social Care Strategy 2020-2023 set out a change in approach to ensure that citizens received the right support at the right time to enable them to achieve maximum independence, choice, and control. This included access to good-quality information, early intervention, reablement and preventative services. The 'Home First' philosophy will support citizens to live in their own home for as long as possible.
- Continued Local Authority and Health collaboration, for example the Integrated Intermediate Care Programme aims, from late 2022 to put in measures to intervene early to support citizens to be become and remain as independent as possible, prevent hospital admissions and reduce long-stay admissions. Ensuring support after discharge is put into place quickly is aimed at avoiding readmissions. Other joint working includes the Falls Prevention Strategy and an Integrated Reablement service.
- Good internal governance/housekeeping with better fee recording to allow for improved care fee analysis.
- Harrows Market Position Statement will communicate market opportunities to providers opportunities about increased provision supply and gaps in service, which includes more specialist high needs, and ethnically and culturally diverse provision including citizens with dementia.
- The Commissioning Workplan sets out a programme with timescales of commissioning activities, which will help to support market sustainability.
- The Corporate Plan is underpinned by a Corporate Delivery Plan in which a key action is related to improving the quality and sustainability of care provision in Harrow.

Over 65s residential and nursing care specific market sustainability support

Fee setting

Part of this year's cost of care and market sustainability grant has been used in Harrow to uplift many of its lowest paid placements in line with the upper WLA rates since April 2022, which will help in its journey to moving towards sustainable market prices.

The 'turnover' rate of commissioned care home placements from more historical lower prices to newer higher rates also helps the journey.

The analysis of provider returns that were used in the Harrow's cost of care exercise have been discussed in the Annexe B return. The reliability and limitations of the of the information received as well as the exercise as a whole have also been noted.

Nevertheless, the analysis of the cost of care exercise will be used as part of future fee setting in conjunction with WLA cost of care modelling and more local individual fee negotiations.

Workforce

Harrow will consider targeted help to support Managers and Deputy Managers and try to understand in more detail and more local issues that has led to a great turnover.

Use of Block Beds

Harrow Council's Adult Social Care Bedded Care Strategy paper (July 2022) set out its commissioning intention to increase its use of block bed provision from its current low base of around 7% of residential and nursing placements.

Block bed contracts will support sustainability by promoting stronger strategic relationships with commissioned providers and support greater stability, collaboration, and creativity to find options that best meet citizen needs, rather than relying solely on availability. This will help to build relationships with local providers as key partners in strategic planning for example to cater for culturally specific provision, dementia and similar age-related complex conditions.

Current negotiations with providers will also increase the proportion of beds bought in Harrow rather than out of borough, helping to reduce void periods and thereby assisting with financial sustainability.

This will also offset some of the reduced demand due to the strategic shift towards the greater use of alternative models of care, such as homecare, Extra Care and Shared Lives.

Extra Care, Reablement & Shared Lives

Harrow's Extra Care Strategy (November 2018) set out the aim of developing extra care housing is to meet the housing, care and support needs of older people as an alternative to residential care which are not the most appropriate or cost-effective approaches to meet needs and maintain health and wellbeing. This is particularly important in the context of an ageing population, increasing demand for services and budget challenges in local government.

Harrow's existing Ewart House Extra Care Scheme was built in 2011 and has 47 units. The build of a second Extra Care Scheme is nearing completion with a current operational timeline of summer 2023, which has 60 units and will further reduce out of borough placements.

A more integrated reablement and stepdown from discharge model is being developed between health and social care for implementation in 2023.

Harrow continues to grow its Shared Lives Service to include more older people that are unable to live in their own home and would otherwise require residential care.

Homecare specific market sustainability support

Harrow will work and engage with home care providers and citizens to inform to co-produce a detailed and robust procurement exercise for homecare.

This will set out Harrow's commissioning intentions for homecare purchased fully by the council for citizens who do not pay for all or part of their service, for citizens with

a direct payment and self-funders who choose to ask the local authority to arrange their care.

The procurement exercise will begin in 2023 and will be designed to address many of the sustainability issues identified, including:

- Consideration of 'guaranteed' packages in particular geographical areas within Harrow to overcome sufficiency issues, for those providers that are willing to work in these areas
- A revised and up to date preferred provider list reflecting good local providers based in or very close to Harrow
- Increasing specialism for citizens with more complex learning disabilities and mental health needs, promoting the recruitment of carers that speak specific languages, such as Gujarati, Polish and Arabic
- Move towards a strengths based/enabling model in line with adult social care strategies to increase independence and reduce dependency
- The use of call monitoring to improve time payments for actual care delivered
- The development of specialist and culturally specific services
- This consideration of over a period of suitable time, the contractual requirement of the payment of LLW to carers, subject to affordability and due regard to provider costs; such as training, travel and in maintaining profit levels