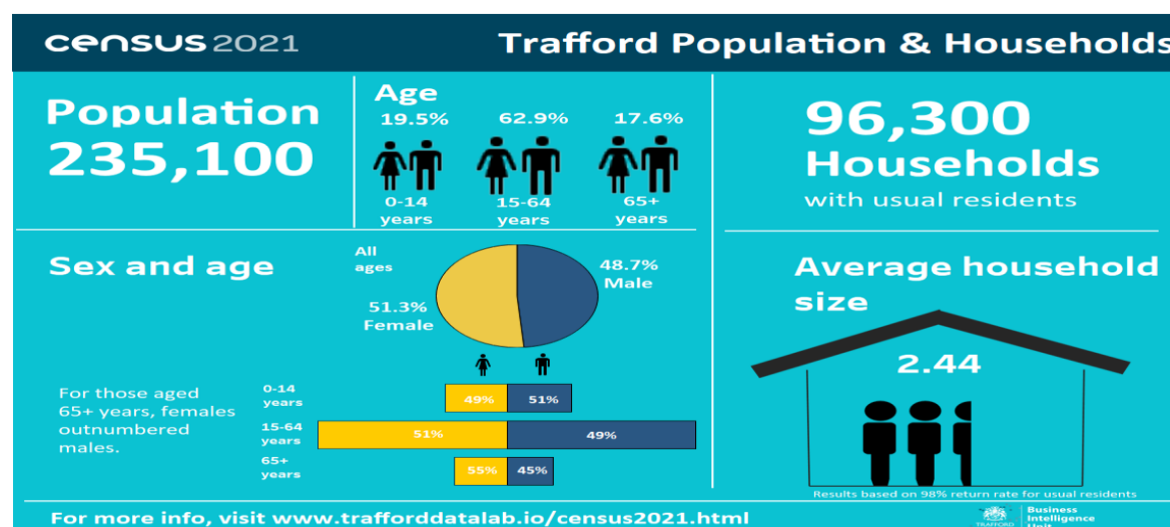


Annexe C: Trafford: final market sustainability plan template March 2023

Section 1: Revised assessment of the current sustainability of local care markets a) Assessment of current sustainability of the 65+ care home market

About Trafford

Trafford Council is one of the 10 boroughs that make up Greater Manchester. The census data 2021 reported the Trafford population as 235,100.



Trafford is similar to England when comparing the population estimates across these age groups.

Trafford's vision for adult social care is that of an approach where we work with people, building on their strengths and jointly identifying opportunities to enable our residents to maintain and increase their independence and live fulfilling lives. Our vision is one of remaining connected to family, loved ones and community, being supported by health and social care services when needed and for as long as those services are needed. As such our services are responsive, preventative and supportive – we are honoured to be working with the most vulnerable people in our society and those who need our support.



The-3Cs-model-and-
Case-Studies.pdf

In Trafford we, focus on the Three Conversations approach. This methodology to jointly determine the best outcome for our residents and the most appropriate solutions. This means that we are able to provide the right kind of support for many people at the first point of contact.

Prior to Covid we had a significantly large number of enquiries which has since dropped:

19/20 – 10,353 people (30,708 contacts)

20/21 – 8,716 people (27,234 contacts)

21/22 – 8,834 (24,343 contacts)

Whilst our number of contacts have reduced, the number of people we provide care support and packages to has remained relatively stable;

19/20 – 4013 people

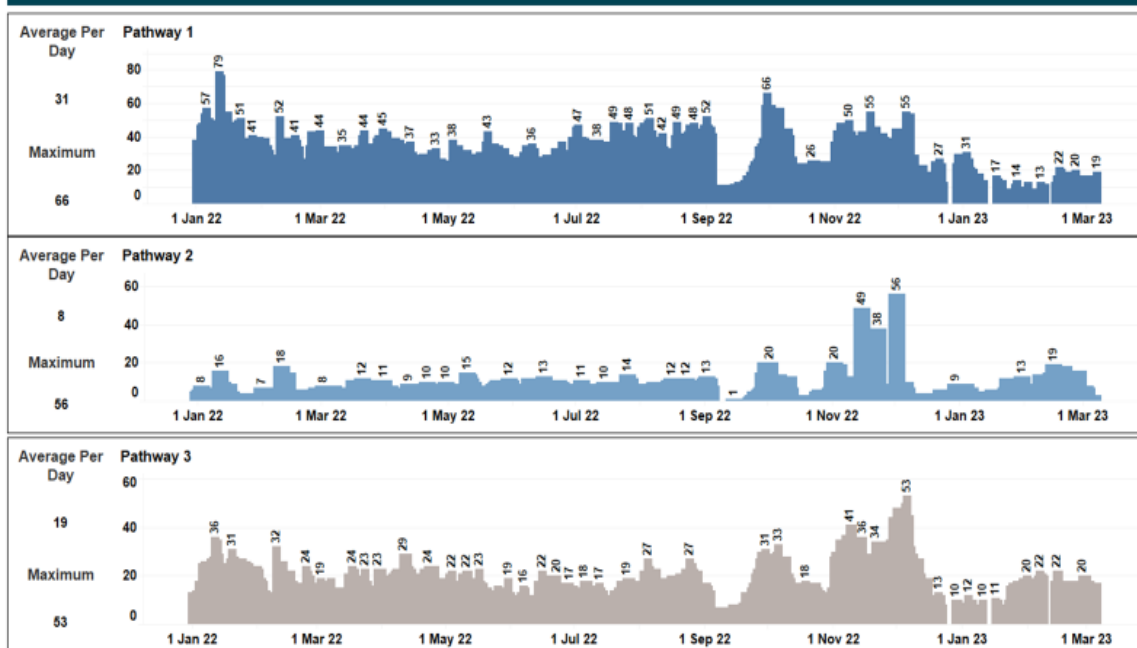
20/21 – 4199 people

21/22 – 4032 people

Trafford Council serves 4 hospitals: one district general hospital in Trafford (Trafford General Hospital – the first ever NHS hospital), and 3 acute hospital - one in Salford and two in Manchester. The Manchester hospitals are managed by the Manchester University Foundation Trust.

In line with our “Living well at Home programme” the hospitals predominantly refer people who are being discharged into homecare services so they can go back home with support. When people are being discharged into short-term residential care (D2A (Discharge to assess) beds, 80% of people return home after a brief period of care and a further assessment to check how their needs might best be met. We also have extra care flats that are designated for D2A purposes and are looking to expand these with the addition of a flat suitable for bariatric patients.

Average Daily Hospital Discharges by Pathway



¹ Pathway 1 is home or a D2A flat with homecare, Pathway 2 is Intermediate Care and Pathway 3 is a D2A residential or nursing care home.

[Trafford ranks 191 of 317 local](#) authority districts in England (where a rank of 1 is the most deprived authority in England) based on the average Index of Multiple Deprivation score of 138 LSOA²s in Trafford in 2019. Trafford remains the least deprived authority in Greater Manchester on this measure.

The proportion of Trafford LSOAs ranked in the 10% most deprived in England has increased from 2.9% (4/138) in 2015 to 5.1% (7/138) in 2019. The proportion of Trafford's LSOAs ranked in the 10% least deprived in England has increased slightly from 21.7% (30 LSOAs) in 2015 to 22.5% (31 LSOAs) in 2019.

The levels of deprivation impact on healthy life expectancy – and the 2020 PHOF has identified that:

- Male LE is at 80.2 years and higher (statistically significant) than the average of 79.4 years for England.
- Female LE has reached 83.8 years and higher (statistically significant) than England average of 83.1 years.

Key messages about Market Sustainability for Older People

- High land prices
- High turnover in social care workforce
- High levels of qualified residents, low levels of unqualified staff
- Vibrant social care market – in particular residential care for self-funders
- Fairly traditional market which needs to diversify
- Trafford are an accredited Real Living Wage provider with 100% of homecare providers paying the RLW and approximately 70% of our care homes paying the RLW.

Self-funders

Taken together this means that Trafford is comprised of affluent areas where self-funders purchase their own social care, often entering the market early, and more deprived areas where the older population access Council funded services. Trafford has a greater than average number of self-funders. ONS³ figures suggest a UCL⁴ of 42.9% (based on a sample of 17)⁵, and our data suggests that this figure bears some validity.

There are 1353 care home beds in Trafford and the local authority purchases 391 of these (as of March 2023) – i.e. 28.89% of the available beds.

A survey carried out in June 2022 had 12 returns (representing 379 beds) from a total of 32 care homes – this survey identified that 50.32% of occupied beds in those homes were occupied by self-funders.

² LSOA – lower super output area

³ Office of National Statistics

⁴ Upper Control Limit

⁵ [Estimating the size of the self-funding population in the community, England - Office for National Statistics \(ons.gov.uk\)](#)

It is more difficult to estimate the percentage of homecare purchased by self-funders as information on the total number of hours provided in Trafford by all registered CQC providers is not readily available.

Workforce (as 2021)⁶

Skills for Care estimates that the staff turnover rate in Trafford was 38.0%, which was higher than the regional average of 28.4% and higher than England, at 29.5%. Not all turnover results in workers leaving the sector, over half (59%) of starters were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Trafford had on average 8.6 years of experience in the sector and 79% of the workforce had been working in the sector for at least three years. Almost a third (28%) of the workforce in Trafford were on zero-hours contracts. Around a half (50%) of the workforce usually worked full-time hours and 50% were part-time.

Skills for Care estimates show that 37% of the direct care providing workforce in Trafford hold a relevant adult social care qualification. Raw data from the ASC-WDS showed, of those workers without a relevant adult social care qualification recorded, 33% had five or more years of experience in the adult social care sector, 50% had engaged with the Care Certificate and 54% had completed training.

As part of our drive to improve quality and best practice across the care market, Trafford Council and GM ICB Trafford also commissioned an external organisation to provide the following bespoke training to support the sector as a whole:

- Supporting Rapid Discharge
- Dementia Awareness
- Tissue Viability/Pressure Care
- Urinalysis (Nursing Homes)
- Aging Well
- Personalised Planning/Advanced Care Plans
- Personalised Planning/Activity Planning x 2 session
- PEG
- IV Therapies/Antibiotics(Nursing Homes)
- End of Life Support/Syringe Drivers
- Diabetes Care
- Catheter Care
- Sepsis
- Supporting distressed behaviour
- Provision of training to GPs via the GP development days.

The majority (82%) of the workforce in Trafford were female, and the average age was 42.9 years old. Workers aged 24 and under made up 9% of the workforce and workers aged over 55 represented 23%. Given this age profile approximately 1,200 people will be reaching retirement age in the next 10 years.

⁶ [Trafford Summary 2021 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/Trafford-Summary-2021)

Nationality varied by region, in England 83% of the workforce identified as British, while in the Northwest region this was 93%. An estimated 86% of the workforce in Trafford identified as British, 6% identified as of an EU nationality and 8% a non-EU nationality, therefore there was a similar reliance on EU and non-EU workers.

Pay rates are addressed under the separate market headings.

Residential and Nursing Care Home Market.

We currently have 32 care homes in Trafford - one is closed for carbonisation works. Of the remaining 31 homes, only two homes are nursing homes. 13 care homes provide a combination of nursing and residential care, which enables them to flex according to staffing competencies. The remainder (17) provide residential care only. We also have a specialist 11 bedded unit in one of the care homes which works exclusively with older people with distressed behaviours to support placement breakdown, community referrals and discharge.

We have 9 dedicated D2A beds in Ascot House. 36 intermediate care beds are provided in the remainder of the provision. This facility is not included in the total of 32.

We block purchase an additional 25 D2A beds in borough and spot purchase further beds, some of which are out of borough. During 22/23 these were funded on a non-recurrent joint basis between Trafford Council and the ICS, utilising internal funding, together with additional government grants received in September 22. For 23/24 we will be utilising the additional funding that both the Council and ICB will receive from the government.

We have a significant number of small homes in Trafford provided by a family or local business. Two homes and Ascot House are owned by the Council – this includes the home currently closed for carbonisation work. The care is provided by Making Space in the residential care homes.

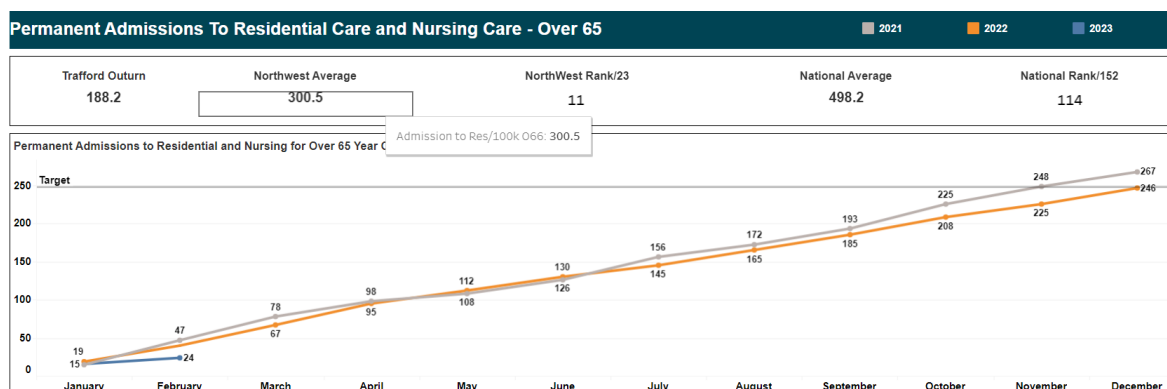
Type of Home	Number of Homes	Number of Beds
Residential	17	560
Nursing	2	53
Dual	13	695
Intermediate Care	1	36

Vacancies	Number of beds
Total Number of Vacancies	202
Non-admissible	31
Reserved	10
Admissible Vacancies	161

We have a programme of continuous improvement with the care market in Trafford and have co-produced a tool with providers to support this process. **We have two overall rated outstanding care homes for older people and those with a good rating have received an Outstanding in one or more 5 key Kloses. Trafford have no care homes rated inadequate.**

The care home market has remained stable over the last 3 years. One home (39 beds) closed in 2019 – this was a planned closure as the owner wished to exit the market due to on-going quality and staffing issues. Two new larger homes (one comprising 72 beds and one 60 beds) entered the market just as the pandemic began.

Trafford currently remains an attractive area for developers due to the perceived affluence of the area, and unfortunately planning regulations do not allow us to always oppose the development of the new homes. Our homes are distributed unevenly across the borough with most being situated in the more affluent areas in the West and South, and they target self-funders with low care needs. We require more complex nursing and specialist dementia beds to cater for the increasing complexity of need of our older people. In addition, we require more homes in the North of the borough so that where our older peoples' needs can only be met safely in a care home, they can remain connected to local communities, friends and families.

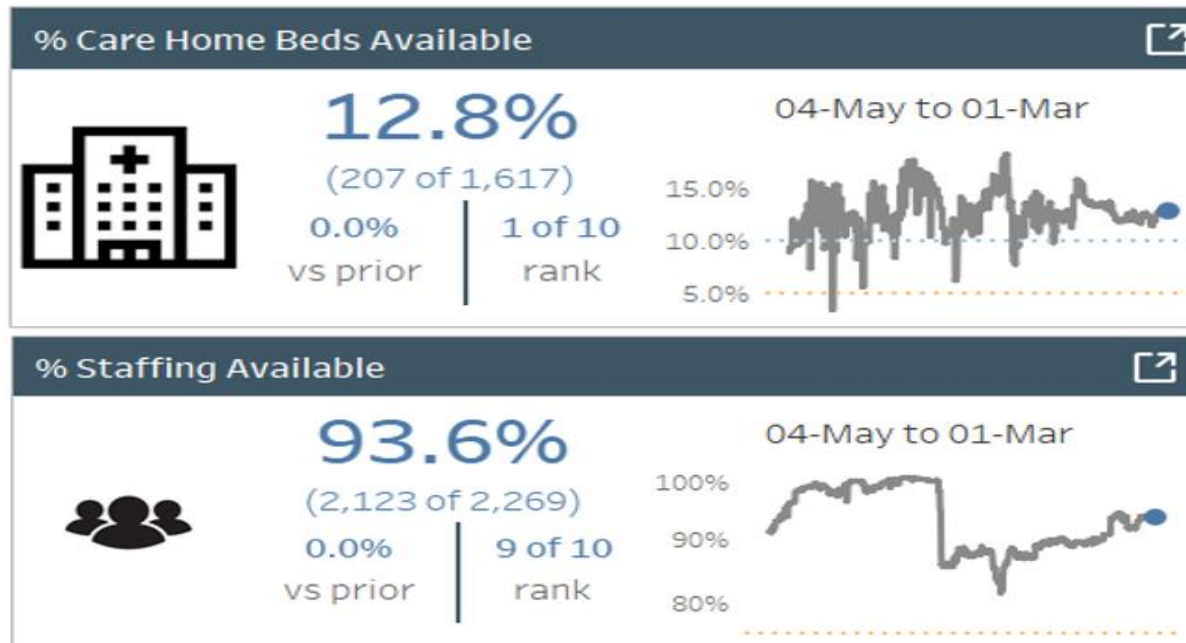


The Council have also reduced the purchasing of care home beds over the years as more people are supported to live independently at home in line with their expressed wishes.

We have a high percentage of residential homes delivered from period properties in Trafford. Although there was mutual awareness of the limitations caused by the physical layout, Covid highlighted these and others. Some of the providers are Good or Outstanding rated services and are unable to expand their offer because of the physical limitations and the affordability of the upkeep of these buildings, together with the increased utility costs is outweighing the revenue they receive and becoming unsustainable, posing a risk of losing Outstanding or Good rated providers. Adult social care commissioners, and Trafford Estates department are working with a small number of providers who have stated an interest in a joint venture with Trafford whereby we develop fund and own a suitable building and the provider continues to provide good quality care with an expanded offer.

The constant increase in new care homes is at a time when our existing care homes struggle to maintain occupancy levels which meet business need. The following tables, taken from NECS highlights the position in Trafford as at the 10/10/22 and compares bed vacancies with staff vacancies from the current staff

team. (Please note the bed no's differ due to an inaccuracy in the NECS system but vacancy rates are correct).



The number of vacancies in care home beds increased significantly as a result of Covid because self-funders chose not to enter care homes. The care home market in Trafford has historically been dominated by self-funders. Whilst this is changing, and providers are doing more business with the Council, the number of vacancies in Trafford remains high – this is due to supply exceeding demand in key areas, particularly residential beds for people of low level of needs which are priced at costs significantly in excess of e.g. the Laing and Buisson benchmarks. These vary from provider to provider, but are usually pitched at around £1200 per bed.

Staffing levels, whilst a challenge in Trafford, remain relatively high, as providers are deliberately over-staffing because of the difficulties in recruitment – this also contributes to high prices and risks to the business. However, homes are still not fully staffed, have key skill gaps in clinical areas and can be heavily reliant on agency staff.

A survey carried out in September 2022 by the Council, highlighted that over 65% of our care homes pay the Real Living Wage and anecdotally, feedback from the FCOC exercise indicates that many are paying over this to maintain a sufficient workforce. The inflationary uplift awarded to care homes for 2023/4 will enable more homes to move towards the RLW. We will be developing a FPS in 2023, and only those providers who pay the RLW will be able to apply to be part of this.

We currently spot purchase most beds in Trafford and have blocks for D2A beds. We also have a few blocks with some providers. Most providers prefer not to have blocks with the Council as this could limit their ability to sell beds to self-funders at a higher rate.

Fee rates in Trafford remain a challenge. The market, with notable exceptions, accepts the bed rate negotiated by Trafford at the time of placement (this is usually

in excess of our bed rate), with inflationary uplifts, throughout the life of that person. Once the resident passes away or leaves the home, the bed rate is reset at an increased level which bears little relevance to the original cost. The self-funder rate dominates the care market and Trafford Council is not always as successful as we would like in negotiating fees down to a more reasonable and affordable level, especially where the full capital costs of the development are passed on to the Council as part of the price.

Every year Trafford consults on and sets a Fair Price for Care which gives the market an indication of what we expect to pay. These have been set at the following levels for 2023/4:

- Residential Bed Rate: £657.90
- Nursing Bed Rate: £735.43

However average fees are always above the Trafford bed rate and currently we are in negotiation with a provider who has increased the fee rate to £1,300 for beds with no increase in the needs of the individuals. This level of fee is clearly unsustainable given levels of Government funding. It is also not in line with the outcome of the Fair Cost of Care exercise locally – the reasons for this were published in Annex B [Cost of Care \(trafford.gov.uk\)](https://trafford.gov.uk/cost-of-care).

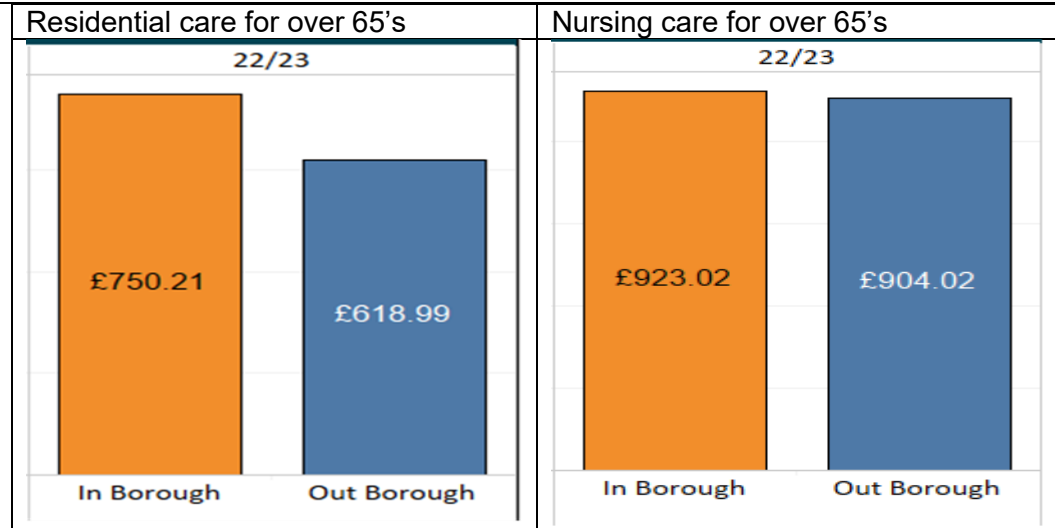
Trafford's standard rate for CHC packages was £987.36 in 2022/3, however, if enhanced needs are evidenced then in exceptional circumstances the ICP may contribute more. This means that in some homes, Council fees offset the CHC rates as they are higher. There are 50 CHC funded beds in Trafford.

An analysis of the breakdown of fees undertaken in 2020 identified that the biggest driver in high bed rates were the capital costs associated with land purchase and building the new care homes – these costs were in their entirety passed over to the purchaser (self-funder or statutory body) through the bed fees. This cannot be seen as a business expense in its totality.

The average bed rates paid by Trafford have increased by £200 a week for a residential bed from 2018/9 to 2021/2 and £300 a week for a nursing bed over the same time period. This reflects the impact of the providers who are charging in excess or close to £1,000 a week for residential beds.

Trafford bed prices are out of kilter with the majority in Greater Manchester and the North West of England, and there is no correlation between bed prices and quality. The larger newer build homes charge more – and although they are more aesthetically pleasing in most cases they generally find it hard to maintain quality – and require more support from the Council and the ICB to improve their CQC status and maintain the service.

The following figures (not including learning disabilities and mental health) indicate a gap in average prices for this year as of March 2023:



The recent inflationary increases have had a significant impact on the market which causes us all great concern. This has yet to impact on fees or market capacity and it is likely to have a detrimental impact. A further issue is that the FCOC financials will not include the full impact of these due to timing. A survey was sent to providers to ascertain the impact of inflation and staffing recruitment on their businesses and only one response was received. However, we have received individual representation from some care homes – and one of our homes went to the press because of the level of concerns about utility bills. [Inside the Greater Manchester care homes where energy bills soar by 900pc and staff are on the brink of despair - Manchester Evening News.](#)

The inflationary uplift for 2023/4 included an element to offset some of the inflationary increases incurred by providers.

There is an over-provision in low level residential and nursing in Trafford, and that results in out of borough placements for people with more complex needs. The specialist unit in Allingham goes some way to meeting that need as it has a steady throughput.

There are some clear areas for development within the borough, but this depends on the willingness of providers, and whilst homes are geared to self-funders who have low needs and will pay high fees, the providers will focus on this area of the market and therefore will be reluctant to diversify.

The key risks to residential/nursing market:

- Maintaining sufficient staffing levels
- Maintaining and increasing skill levels to support the complexity of care required.
- Maintaining occupancy levels
- Maintaining income levels to support their business model
- Managing the impact of inflationary increases
- Maintaining CQC good and Outstanding ratings

The delay in the implementation of the charging reforms has had a limited impact on market sustainability because of the significant proportion of beds occupied by self-funders. The charging reforms need to be accompanied by sufficient funding to enable the Council to pay the real costs of care and the current funding regimes are still some way short of that. The charging reforms also need to ensure sufficient funding for councils where there are significant numbers of self-funders whose care costs will ultimately transfer to those councils.

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

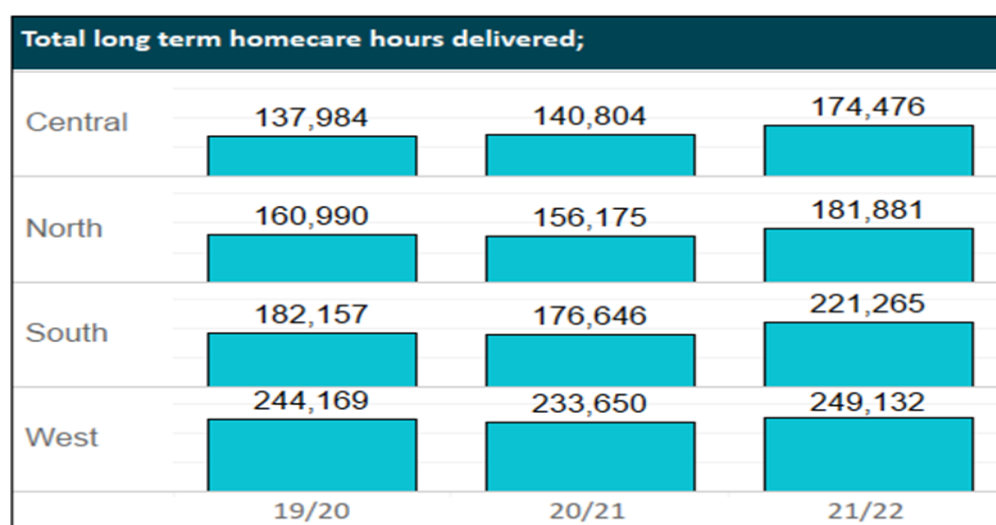
[As above but for the 18+ domiciliary care market]

There are three key risks to the homecare market:

- Lack of staff to deliver the service – this could be due to low salary levels in comparison to other industries, low job satisfaction, relative unattractiveness of the profession (e.g in comparison to NHS healthcare assistants), retirement, exhaustion etc.
- Lack of skills to deliver the complexity of support required thus rendering them unsuitable or unsafe.
- Managing the impact of inflationary increases

Homecare is contracted on a locality basis: there are 27 contracted providers covering 4 neighbourhoods. This comprises 19 tier 1 providers on framework and 8 additional tier 2 providers, recruited within the last 18 months as a second offer for packages of care. We are in discussion with 2 further providers with a view to developing additional capacity to support winter pressures including discharge

Providers have established a number of walking rounds especially in the north of the borough where people live closer together in terraced homes.



We spot purchase from the providers on our frameworks. The majority of our providers are national organisations with regional or local registered offices that deliver services directly into Trafford:

Location of Provider	Number of providers
Local	11
Regional	5
National	2
Tier 2 Provider	Number of Providers
Local	4
Regional	2
National	0

CQC Rating	Number of Providers
Good	19
RI	4
No Rating	1

We are working closely with the providers who have requires improvement ratings and we put monitored action plans in place. We will suspend referrals to providers where there are significant quality concerns and work closely with CQC and the providers to lift the suspensions as a result of the improvements made.

Our homecare market is fluid, with an average of one provider exiting the market annually. The packages and the staff are generally absorbed by another provider in order to maintain capacity and continuity.

Capacity is generally tighter in the South and other areas of the borough such as Partington and Carrington where there is very poor infrastructure and transport links. We have worked with providers to look at different ways of managing this, including use of a minibus to support the delivery of 2,000 hours.

Capacity levels can vary throughout the year, with staff taking leave during school holidays or migrating to retail employment during winter when there are additional opportunities with more pay and although not encouraged by the Council , some staff opt for zero hours contracts to allow flexibility in their personal life. Trafford have worked closely with providers to mitigate the impact of these fluctuations and have maintained capacity throughout recent months. The providers have an internal traffic light system to help them prioritise delivery in times of pressure such as during staffing losses as a result of Covid and this is monitored by Trafford.

Our homecare providers also provide reablement as part of the hospital discharge and community services pathway with a throughput to their long-term services. This model works well and is delivering good outcomes in terms of independence, despite the increasing complexity of service users discharged from hospital. We also have an in-house reablement service.

A survey carried out in September 2022 by the Council found that 100% of our providers paid the Real Living Wage. The inflationary uplift for 2023/4 will support the maintenance of that rate. This uplift also included an element to offset the impact of inflationary increases incurred by the providers.

Recruitment and retention is the biggest risk to homecare sufficiency. Trafford is an affluent borough in parts with a high proportion of young graduates leaving the borough and not returning leaving an aging workforce retiring from the sector and not being replenished. Trafford's social care sector also face challenges including Manchester Airport, Amazon, Trafford Park and the Trafford centre - all locations with easy public transport access that don't require a car to navigate around to work a full day.

Commissioners are working alongside our estates team to explore whether there are opportunities to support Homecare Providers with their office space, providing opportunities to utilise Trafford assets as a possible office location. The intention is to retain the provider within the borough rather than registering outside of the borough as commercial rentals is generally of a lower cost than that in Trafford.

Trafford has a vibrant private homecare sector, and a few homecare organisations work with both self-funders and the Council. The homecare organisations that support self-funders are more expensive and can often charge nearly double the Council rate and offer wider services such as dog walking, shopping and cleaning. Following times of escalation, this can sometimes present challenges when we try to transition any emergency commissioned packages back into the Trafford offer.

The Council is working closely with Manchester University Foundation Trust and a consultancy firm to reshape our discharge programmes (RDP). This programme aims to ensure that people are discharged to the right service in a timely fashion and is focusing on a combination of behaviour change in terms of referral and reshaping both the bed-based offer and our community offer, ensuring that therapies and care can be delivered effectively reducing the length of stay in any one service and enabling the maximisation of independent living skills. Alongside the review of current practices, scoping numbers etc, Healthwatch are also carrying out an end-to-end review of patient's experience of D2A so that we can include a patient view.

The RDP looks at having a specifically designed resource that will support bed based D2A and potentially removing that ask from care homes – however the scoping has yet to be concluded and no firm decision has been made yet for Trafford.

Current modelling evidences that there is significant over-referral to D2A beds as over 80% of people return home. The RDP will focus on ensuring that only people who need D2A beds will be referred to this pathway. This means that we will need to significantly increase capacity in the homecare market and strengthen the resilience of this sector.

Our homecare providers are not only resilient and have responded to a range of different requirements in terms of service delivery over the past year – e.g. IV fluids,

but are also keen to innovate further. At an MSP workshop in January 2023, providers expressed a desire to innovate further and take on more responsibility for assessments – both in terms of care packages and equipment. Key challenges identified by homecare providers include:

- Lack of drivers
- Poor links with other key services, including social inclusion
- Lack of OOH support
- Age of staff
- More partnership working in planning response to demand/ activity
- Lack of trust from Primary Care to accept physiological readings or request for prescriptions to prevent delayed treatment and subsequent admissions.

Full response embedded here:



MSP Workshop
Group Activity 110123

Providers are also recruiting from overseas to maintain staffing levels – we are developing a programme across Greater Manchester to enable providers and Councils to access funding to support this new development.

Trafford have started addressing the issues by piloting a trusted assessor model with one provider.

Our care home market has proved incredibly resilient through Covid and the inflationary increases. Homes have adopted their models – i.e. downsizing staff teams where there are vacancies, but this does not fully resolve the financial issues they encounter. Vacancy issues are likely to be an on-going problem, even if the homecare market picks up, as the Council will be reducing the bed base it purchases in the future and looking at alternative forms of accommodation such as expanding our D2A flats in extra care. This is because we have an anticipated 210 beds coming on-stream before 2025. Our current vacancy level at the end of February was 201 beds.

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

One of the key threats to the care home market is the number of vacancies they are carrying. This will be exacerbated over the next few years.

- Adult social care is working with our Planning department to look at implementing a policy which will enable us to encourage developers to look at those areas we have low levels of residential provision and refuse applications where there is an over provision.
- The Council will launch a Flexible Purchasing Schedule this year and encourage providers to sign up to this. We will go to the FPS in the first instance to place our residents. Homes on the FPS will be offered blocks based on demand modelling and agreement on fees as the Council will be

bearing some of the vacancy risk in times of low demand and infection outbreak.

Fee levels will be continuing to be maximised year on year based on the availability of funding from DHSC.

There is a great deal of innovation within the care home market, and the Council will work with local providers to trial different ways of working such as:

- Developing relationships with local homecare providers to enable an inreach/outreach respite service
- Developing relationships between extra care facilities and care homes to ensure a smooth transition between different models, rather than moving someone in a crisis
- Developing more complex models of care in line with increasing complexity and co-morbidity of residents as they live longer.
- Supporting existing providers to look at different building models which will enable a more sustainable model of provision with different offers in the same building and better management of infection control.

These conversations take place on an individual level due to their commercial sensitive nature.

Home care provision, innovation and next steps have already been outlined. With respect to fee levels, these will be revisited and consulted on as normal next year, but will reflect the need to ensure a stable, sustainable market which is flexible and responsive and addresses some of the financial challenges they have identified.

The Council is working closely with homecare providers to reduce overheads and increase integration though co-locating homecare provision in Council buildings.

These initiatives link into the Trafford Together locality plan - [TT Locality Plan 2019-24 Refresh.pdf \(trafford.gov.uk\)](#) and will feed into the Commissioning Strategy and MPS being developed.

(a) 65+ care homes market and domiciliary care market

The council has directed the majority of its additional £638k funding in 22/23 to the home care market to ensure that providers continue to pay at least the real living wage to their staff as this is where more care is required to enable independence of people. Future additional funding received in 23/24 has enabled the council to continue to do this in future years for both homecare and care homes with significant increases to all provider rates in 23/24 at a cost of £7.4m. This includes an amount to providers to help offset some of the additional costs of living incurred during 22/23. [Report \(trafford.gov.uk\)](#) The Council is committed to enabling market sustainability and will continue to invest all Adult Social Care funding made available from government into the local care market and is already working on indicative increases for the 24/25 financial year based upon latest assumptions on funding to be made available.

The Council is committed to expediting Hospital Discharges and is to continue to make significant investment in capacity to enable this over the coming years subject to adequate funding being made available from government. This offer will change with more of a focus on people being supported in their own homes and in alternative accommodation where they can't return to their own home such as extra care flats etc. Care homes will only be used where there is a need for the levels of care and support that can only be provided in those facilities. The Council has made significant progress in enabling providers to become Real Living Wage employers across the borough and will continue to work with providers to ensure that this is sustained by existing RLW payers and that additional providers become RLW employers to improve sustainability of the care sector workforce.

Other initiatives described elsewhere include:

- Shared strategic planning
- Shared use of corporate office space with home care providers
- Joint ventures with residential care home providers
- Individual negotiations with care providers regarding bespoke initiatives to support new models of care
- Supporting overseas and local recruitment
- Widening scope of domiciliary care providers to provide homebased innovative models

(b) 18+ domiciliary care market

Included in above