

# Market Sustainability Plan

## Introductory Note

London Borough of Redbridge would like to thank all providers that participated in Department of Health and Social Care's (DHSC) Market Sustainability & Cost of Care Exercise.

The information gathered provides a much greater shared understanding of the costs incurred by providers to inform future decision making.

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

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

The London Borough of Redbridge (LBR) has an ageing population, which is increasing at a faster rate than the national average. ONS data demonstrates an increase of 13.5% in people aged 65 years and over<sup>1</sup>, with a further projected increase of 6.5% between 2022 and 2025<sup>2</sup>. Local data also indicates an increase of 63% in the over 85 age population between 2016 and 2026<sup>3</sup>.

Larger care homes are mostly fully occupied, and a significant proportion of care home capacity is supporting demand from other local authorities as LBR has a larger number of care homes than in neighbouring authorities such as Barking & Dagenham and Newham. The capacity tracker shows a small number of vacancies available in 65+ care homes, indicating a high level of demand for both nursing and residential provision including those providing for residents with dementia, and the Cost of Care exercise data displays an average occupancy as a percentage of active beds of between 87% to 94%. The demand on LBR provision is further emphasised by recently published ONS data, demonstrating that Redbridge has the highest proportion of state-funded 65+ care home residents (86.7%) in North-East London, and the second highest weighted figure of service users (882) behind Havering.<sup>4</sup> This indicates both demand and a higher proportion of that demand being funded through the local authority. This generates a key local issue when considering the fees paid to care providers which are more reliant and susceptible to financial pressures impacting upon the rates paid by LBR rather than on self-funded or privately placed residents. Also, in Redbridge, there are more converted properties than purpose-built ones, which has cost implications and makes it more difficult to expand as required by the level of demand.

The care home market is diverse, consisting of providers of different sizes and care types/specialties. Some care homes are run by national organisations, while others are

<sup>1</sup> [How the population changed in Redbridge: Census 2021](#)

<sup>2</sup> [Population projections for local authorities: Table 2](#)

<sup>3</sup> [The Redbridge Plan 2022-2026](#)

<sup>4</sup> [Care homes and estimating the self-funding population, England: 2021 to 2022](#)

run independently. There is a broad provision of care across residential, dementia and nursing. Size of homes are varied, ranging from small providers who often provide specialist care having sometimes fewer than 5 beds, to larger organisations having a capacity of up to 120 beds. There is also a good diversity of service culturally, with some care homes being able to meet residents' specific needs (such as dietary and worship requirements) and language needs. In a borough where 27% of residents do not speak English as their first language, over 75% of residents are from an ethnically diverse background and where religious groups remain in significant proportions<sup>5</sup>, this is of utmost importance.

Care homes practice quality control by having a good relationship with the local authority for infection control procedures, food safety, and ensuring public health requirements are being met. CQC ratings for 65+ care homes are generally good across Redbridge, with 76% of care homes in scope of this exercise achieving either good or outstanding<sup>6</sup>. There are quality concerns surround staffing levels, particularly the difficulty of retaining staff and potential impacts that quick turnover and the use of agency staff can have on continuity of good quality of care. There are also general concerns regarding stock conditions, particularly where properties are out of service for long periods.

Redbridge fee levels are amongst the lowest in London, reflecting the borough's position as one of the lowest funded local authorities in London. The issue of fees has therefore been a major issue for care providers as it has posed challenges to how they operate their business. With recent inflationary pressures, costs for businesses are increasing whilst revenue per client is increasing at a slower rate.

There are a few homes that are based in Redbridge that have no Redbridge-funded residents; instead, they are opting to go out of borough and accept placements with higher fee-paying local authorities. Some care homes, whilst taking a few local authority residents, prefer to take residents from the NHS AQP rate given the higher amount of funding received. It is also becoming evident that an increasing number of care homes are rejecting the NHS AQP rate for discharge to assess (D2A). Some also have joint funded residents, funded jointly by the local authority and NHS-funded nursing care. Given this issue around fees and cost rises, this does not encourage new entrants to the market, and hinders the potential to invest in and develop new service provision.

Redbridge currently has one block residential contract across four homes. All other placements are spot purchased.

Current market conditions pose significant challenges to the development and recruitment of the care home workforce. There are also concerns around the difficulty

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<sup>5</sup> [Census 2021: Identity](#)

<sup>6</sup> [CQC Redbridge](#)

of retaining staff, leading to high staff turnover and an increasing reliance on using (costly) agency staff to cover workforce gaps. Pressures in the workforce have been experienced in recruiting nursing staff; nursing staff pay has been increased in the past year due to increased demand coupled with scarcity of talent. More generally, there appears to be a skill shortage in many care homes, leading homes to gain immigration licences to enable them to recruit outside the European Union. Care homes are now recruiting frequently and having to pay their staff higher rates and bonuses to retain them. The administration costs around recruiting and carrying out all the necessary pre-employment checks is therefore also increasing.

Development of the workforce is also a challenge. Whilst the larger homes often have established and extensive learning development offers for their staff, smaller care homes can be reliant on external provision, which has been affected by the impact the Covid-19 pandemic had on resourcing. The pandemic and its aftermath have had a significant impact on retaining staff and has adversely impacted turnover rates. Many care home workers left the industry when a compulsory vaccination was required or have left to work for other organisations offering more competitive packages (particularly given recent inflationary pressures that are set to increase) or less demanding work. The risk of contracting Covid-19 has also been a concern for staff in the care profession. Long-serving care workers in the profession have been leaving, highlighting the impact recent cost pressures are having on the industry's workforce.

Care Providers Voice (CPV), the local care providers' representative organisation, conducted a Cost of Living & Winter Pressures exercise with care providers across North East London, focussing on the three boroughs of London Borough of Barking & Dagenham, Havering & Redbridge. A quarter of responses were received by Redbridge providers, with 24% of overall responses coming from care home providers<sup>7</sup>. Through the survey and based on Care Providers Voice's ongoing conversations with various stakeholders, it has been highlighted by CPV that there are significant risks of financial unsustainability of care providers due to the increased cost of living (increase in fuel, inflation, interest rates, etc.) and winter pressures on the care system. The principal concerns extracted from the survey for care home providers were increasing energy/heating/food costs, recruitment/onboarding costs and increases in mortgages and rent costs.

A further roundtable discussion focused on future market sustainability challenges, and centred around the three key themes of workforce, technology and future issues (to be discussed in Section 2). Around workforce, care home providers cited the difficulty of encouraging new entrants into the sector, coupled with the cost of accommodation, flights, visa and training whilst recruiting from abroad, as well as the cultural challenges resulting in additional observation and supervision required. There is a concern that highly qualified staff will leave and the impact this has on succession planning. From a

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<sup>7</sup> [Care Providers Voice](#): Cost of Living and Winter Pressures Survey

client's perspective, the high turnover in carers potentially compromises resident dignity, particularly where clients have been with a provider over years. Providers have cited figures as high as 53% for turnover in younger workforce cohorts, highlighting the concern around succession planning<sup>8</sup>. Regarding technology, providers were keen on increasing opportunities for assistive technology training, an area which the local authority seeks to address (mentioned in Section 3).

Work began to prepare LBR for charging reform within 2022/23 has now been deferred. There was no material impact of the work to date that would impact market sustainability for LBR care providers.

Finally, London Cost of Care results (22/23) from ADASS<sup>9</sup> show consistent results across Barking & Dagenham, Havering and Redbridge (BHR) and North East London, with residential rates between £900-£1000 and nursing rates between £1,100-£1,200, including NHS-funded nursing care. Nursing and residential medians in North East London were amongst the lowest across London, with the highest figures being £1,100 and £1,300 per week for residential and nursing respectively in South London. The Department of Health and Social Care has also obtained local authority level estimates of older people's care home self-funder fee rates in 2022/23 from Carterwood<sup>10</sup>, a market-leading provider of fee data. Data obtained across 22 homes and 985 beds in Redbridge shows private fees ranged from averages of £1,158 in residential and £1,469 in nursing. These figures display an increase of 18% and 24% from Cost of Care projections, and a further 50% and 62% increase from the local authority actual unit costs in residential and nursing respectively.

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

Redbridge benefits from a diverse homecare provision in and around the borough. However, multiple challenges exist which threaten the sustainability of the local care market. For instance, framework providers have not always been able to meet the demands of work provided by the local authority. Three framework providers have exited the market in short succession because they had become unviable financially. This required spot purchasing to fill the gaps created. From the onset of the Covid-19 pandemic, the difficulties faced in covering existing packages have meant new referrals cannot always be accommodated within the framework. Therefore, despite there being a significant amount of potential provision (including both new and existing), there is currently a reliance on a small number of providers within most geographical areas.

There are areas for improvement to be considered. Given the considerable mix of different cultural communities and groups in Redbridge, it is important that the market is versatile enough to meet clients' cultural needs. Providers employ staff from different

<sup>8</sup> [Care Providers Voice](#): Market Sustainability Roundtable Discussion

<sup>9</sup> London ADASS Cost of Care Comparisons

<sup>10</sup> Carterwood self-funder fee rate data

backgrounds to meet cultural requirements such as language or religious needs. This is particularly important as Redbridge is one of the most diverse boroughs in the country with the largest Asian population in London (47%)<sup>11</sup> – however, this remains a challenge for many providers, given the high turnover of carers generally.

Service users are limited to a lead provider in their locality within the framework. The established commissioning model of delineating the borough into 'lots' is favoured, which allocates framework providers to geographical 'patches' and encourages providers to employ local staff to help cater for cultural needs of diverse service users and reduce travelling time. Moreover, this was intended to improve monitoring and quality assurance.

Quality issues in the homecare market are mostly associated with the impact staff shortages can have on care quality. With the recommissioning of homecare provision currently in progress, there is a continued commitment towards a more focused outcome-based service. Currently, there has not been a discernible trend of packages decreasing over time largely due to the time-based contract monitoring where providers claim on planned hours rather than on a specific outcome. Outcome-based commissioning would help encourage providers to ensure service users become less reliant on care over time (reflected through a reduction in duration of appointments). This is of importance as services should focus on maintaining and developing service user independence for as long as possible.

CQC ratings for homecare providers are generally good across Redbridge, with 91% of framework providers achieving good.<sup>12</sup>

The principal root-cause of quality concerns is often staff capacity and turnover. Particularly for homecare which involves an element of travel where care staff prefer planned hours, so the work hours that they accept are deliverable. The north (and parts of the west) of the borough present challenges as travel times are usually longer and arranging alternative cover for absences is difficult. This is primarily because care staff do not tend to reside in these generally more affluent parts of Redbridge. Consequently, staff lateness can have significantly impact on quality of care by causing knock-on effects on later appointments during the working day. Many providers report they are struggling to maintain their workforce and ensure adequate resourcing to cover short notice calls where required.

The primary intention behind the 'lot' model was to support the recruitment of care staff locally and as a result, significantly reduce travel time, as well as improving the level of quality assurance. The Cost of Care data reflects this, by showing the average travel time per visit is lower for the framework providers than for spot purchased provision.

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<sup>11</sup> [Census 2021: Identity](#)

<sup>12</sup> [CQC Redbridge](#)



However, given the capacity challenges posed by the pandemic, the Council has had to look beyond the framework and spot providers have been relied upon at various times to meet demand. Providers are finding it challenging to remain within the framework as they are not able to recruit the volume of carers required at the rate Redbridge pays, with majority of neighbouring boroughs paying higher rates. This contributes to the challenges of recruitment and high turnover of carers. Redbridge is largely aligned with key comparators with regards to homecare fee rates, though is perceived by many providers as paying considerably less.

Workforce recruitment and retention appears at the heart of many issues, and there are upcoming improvements around how Redbridge use provider electronic call monitoring systems to log time for staff. A more flexible system will be introduced to enable efficient billing and the input of service user information. This will ensure outcomes are logged and the correct charging occurs, thus allowing both contracts and quality assurance teams to be more focused on service improvement rather than administrative enquiries.

Recruitment campaigns for the homecare market are launched frequently. Providers within the previous and upcoming framework are encouraged to recruit staff locally, though some struggle to do so as they do not have an office in the borough. Training outcomes are mixed across Redbridge. Whereas some larger care home providers with more service users offer qualifications and training programmes, others are reliant on the local authority and other third party organisations to support workforce development.

Whilst generally manageable at present, staff retention faces increasing challenges. The roles are demanding and couple low pay and inconvenient travel. Care workers, whilst often attracted to the zero hour flexible contracts, may work for multiple agencies for whom they each do part time hours for. Alternatively, many are also only able to commit to a set number of hours per week as they are recipients of means-tested benefits. Care workers are often attracted to better paid jobs in other sectors.

Pilot work being carried out within the Seven Kings Locality is looking to support the development of an enhanced care model focused on adding value to homecare services. This is in conjunction with Care City, GP practices and homecare providers which enhances both the quality and the role that homecare carers provide using technology to support preventative and early warning of health deterioration. This will lead to a higher skilled workforce and supports the prevention of unnecessary care escalations, promoting more efficient use of acute health and care resources. The diversification of the homecare worker's role will support both recruitment and retention, positively promoting the value of care workers.

Survey results on the Cost of Living and Winter Pressures carried out by the CPV highlighted key issues. 25% of the responses were from Redbridge providers.<sup>13</sup> Issues raised were around fuel/travel costs, with concerns that staff were unable to afford to travel and living in poverty during difficult economic times. This is especially concerning as there is a focus to recruit locally, and recent Census data displays over 53% of Redbridge households are deprived in at least one dimension, of which 14.8% are in two, and 4% in three or more.<sup>14</sup> This has made it challenging for providers to supply care in more remote parts of the borough, where access via vehicles is more necessary.

The roundtable discussion echoed some of these issues, particularly around workforce and technology challenges.<sup>15</sup> The workforce challenges included supporting language requirements, which represented the diversity of the workforce. Furthermore, the problem of travel time arose, affecting capacity, though this is less frequent given the geographical lot arrangement described above and which is now in place. Regarding the electronic call monitoring technology system, providers cite that in the current market state, digital maturity is low. New technological systems are due to be in place, but it will be challenging for the workforce to adapt to the changes due to a lack of funds to adapt to systems. Continued training and development is needed, and this will be addressed in Section 3. Workforce and technology issues combine when new systems are initially implemented and full training is provided, but continuing this effort given the rapid turnover of staff is a pressure that providers and the workforce face.

Work began to prepare LBR for charging reform within 2022/23 that has now been deferred. There was no material impact of the work to date that would impact market sustainability for LBR care providers.

Finally, London Cost of Care results (22/23) from ADASS<sup>16</sup> show consistent results across BHR and North East London, with homecare rates close to £24 per care hour. North East London had the highest homecare median cost per care hour (£24.20), with the lowest being £19.55 in North Central London.

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

The overarching key threat facing issue the care home market is the impact of current inflationary pressures on providers. The financial sustainability of providers is under significant risk because of recent increases in their cost base ranging from significant increases in labour, energy, food, fuel and insurance costs. The inflationary pressures are impacting on a relatively low paid workforce, leading to growing recruitment and retention issues along with the direct impact of increases in the London Living Wage. These costs are far outstripping the funding increases that local authorities have been

<sup>13</sup> [Care Providers Voice](#): Cost of Living and Winter Pressures Survey

<sup>14</sup> [Census 2021: Household Deprivation](#)

<sup>15</sup> [Care Providers Voice](#): Market Sustainability Roundtable Discussion

<sup>16</sup> London ADASS Cost of Care Comparisons

able to afford. Whilst larger providers may be better placed to absorb some of these costs, recent pressures represent a major risk for all providers.

In the Cost of Living and Winter Pressures Survey conducted by Care Providers Voice (the local representative care organisation), almost 85% of providers who responded said they had reviewed their Business Continuity Plans within the last eight months, with 48% planning to review their utility suppliers and contracts. 86% reviewed their financial benefits, and 44% of providers are expecting a negative cash balance in the next financial year.<sup>17</sup>

A key anticipated market change in homecare is currently the increase of self-funders expected, which enables care providers outside of the framework to receive more packages. Currently, for community care (including homecare), Redbridge has both the second highest figure for weighted number of service users (1,398) and proportion of self-funded service users (26%) in North East London.<sup>18</sup> However, this figure should be treated with caution as it includes extra care and supported living service users, though homecare represents majority of the cohort.

The local authority's commitment to London Living Wage contractually obliged homecare providers to pay the London Living Wage from April 2023 and poses a market and funding challenge as the settlement for London Living Wage was higher than anticipated.

A key strategic risk for all sectors of the care market is the lack of attraction to working in the sector given cost of living pressures. Carers have already left to work in other industries and there is fear of this continuing if rates do not increase to sufficient levels to pay a wage which is more competitive. There is also a consensus that paying London Living Wage would be unfeasible at the current fee rate provided, with many homecare providers subsidising losses made in the Redbridge market across other areas.

As mentioned previously, a roundtable discussion with providers recently took place, where future issues were raised.<sup>19</sup> For the care home market, this included London Living Wage in care homes (which is addressed in Section 3), escalating insurance costs, and agency costs which are frequently being incurred. There is also concern around the criteria to being a London Living Wage employer, as providers have cited that zero-hour contracts can support the workforce (childcare, student visas capped and varying term hours) and that restrictions may make it difficult to attract candidates in the future.

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<sup>17</sup> [Care Providers Voice: Cost of Living and Winter Pressures Survey](#)

<sup>18</sup> [Estimating the size of the self-funding population in the community, England: 2021 to 2022](#)

<sup>19</sup> [Care Providers Voice: Market Sustainability Roundtable Discussion](#)



A future uncertainty which is likely to have a consequence for financial modelling for the sustainable Cost of Care is social care reform which is currently delayed. Reform could fundamentally change the current dynamics of the financial modelling for local authorities and care providers alike and will increase cost pressures for local authorities supporting the care of residents.

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

**Note:** As part of these plans local authorities should also demonstrate how they complement other strategic documents, such as, but not limited to their Market Position Statements and demonstrate how they have worked with local providers to develop the plans in this section.

**(a) 65+ care homes market**

Central government is expected to support the movement to the Cost of Care by local authorities. As stated previously, there is no local authority funding available to meet the costs of moving to the Cost of Care beyond the funding allocated by Government for this purpose. It is recognised that this creates a significant risk to securing Cost of Care in Redbridge.

Given this year's Cost of Care grant spend will aim to close the difference in the larger than anticipated increases in the London Living Wage component announced last October for homecare, care homes will be prioritised for future funding. Redbridge is of the five local authorities with the lowest proportion of self-funders in the care home market nationally and has the highest proportion of state-funded care home residents in North-East London.<sup>20</sup> More funding is required in this space to meet the demands of state-funded residents, and to ensure that across the borders of Barking & Dagenham and Havering, we are working collectively to ensure the market is sustainable.

LBR have invested a gross amount of £5.2m for care provider uplifts for 2023/24 to deal with projected inflationary pressures. This has been informed by the Cost of Care data with the objective that funding gaps identified through that work are stabilised and do not grow as a result of the inflationary pressures on care providers in 2023/24 going under funded. Separately, LBR has a London Living Wage provision that will be utilised to ensure care providers within residential and nursing and external day care settings are London Living Wage compliant. Cost of Care funding for 2023/24 is helping to support these objectives.

Throughout this exercise, care home providers have been engaged to not only complete the Cost of Care data template, but also input qualitatively to the Market

<sup>20</sup> [Care homes and estimating the self-funding population, England: 2021 to 2022](#)

Sustainability Plan through complementary surveys, focus groups and roundtable discussions. Providers have been engaged to better understand market sustainability challenges, particularly challenges in workforce and fee charges, that may have not been captured in the data collection tools. Commissioners have been present during provider forums, answering queries about the exercise and encouraging providers, irrelevant of size or geography, to partake and have their views heard. Engagement will continue as the local authority seeks to engage various streams of the adult social care market when further developing its Market Position Statement. The CPV, operating across BHR, have been a key strategic partner to this work. LBR will continue to collaborate with the CPV to address key current and future market sustainability challenges.

CPV continue to support other aspects for the wider care market including a dedicated recruitment platform designed for providers of all markets as well as acting as a hub for training opportunities for employers and their staff. This is delivered free of charge and combines the support which is available for employers and their staff to access and support them with the challenges faced. CPV continue to support the local BHR, wider North East London and London discussions about key issues affecting sustainability.

Elsewhere, there are important workstreams which include preliminary scoping of procuring future placements in the care home market, external day opportunities and supported living. Firstly, a review has been completed of external day opportunities for adults with learning disability, mental health, and autism. The review sought to see what was working well, not working well and areas of improvement. Commissioners have looked at the change in demography, needs and the market and recommended the use of a framework for procurement of external day opportunities. A list of further actions conducted are below:

- Regular forums and engagements with providers to understand the challenges they face, the gaps they identified and recommendations to meet needs
- Codeveloped and codesigned the new framework for external day opportunities with input from service users, NHS providers and other providers
- Worked with our neighbouring four boroughs and discussed ways that we can improve the quality of day services, how to monitor providers across the boroughs and completing benchmarking activities
- Worked with 13 boroughs across London and discussed ways we could support the market

The local authority works closely with both our established providers and new providers to encourage them to enter the market. Procurement colleagues provide training to providers to help with the tender process.

The local authority has also worked closely with local supported living providers for adults with learning disabilities, autism and mental health. It was identified that providers were facing challenges with staff recruitment, staff retention and training. Therefore, supported living providers have been encouraged to join other forums, such as homecare, where support with training resources to encourage career progression of staff is available. This will enable staff to receive training to develop skills to work with adults with challenging and complex behaviour which is increasingly a common feature seen in residents assessed with care needs.

An initial scoping exercise to assess the options for procuring future care home provision is in development. Benchmarking will be carried out with other North East London local authorities, and mechanisms for understanding how capacity is being monitored within the Redbridge market will contribute. As an outcome, we seek to identify and enable more placements within the London Borough of Redbridge, with less reliance on out of borough placements. This work will take place in conjunction with the Single Point of Access project, which seeks to implement a new centralised single point of access model for hospital discharge across Barking and Dagenham, Havering and Redbridge, as well as the Housing/People project which aims to get a better supply of placement provision to reflect the needs of the population through joint working with Housing.

We are exploring ways to meet the care needs of individuals through alternative approaches, based on supporting independence. This has included a pilot across BHR and discharge to assess nursing placements which features providing higher therapeutic inputs within the care home setting than through other discharge to assess placements. The initial results are very promising, with a significantly higher percentage of individuals being able to return home, divert to residential or other accommodated care rather than remaining in nursing care. This outcome increases throughput within the available nursing capacity and has the potential as a model to directly support longer term capacity within care homes and importantly improve the outcomes for individuals who are admitted to hospital. In addition, other alternative approaches to pathways into care includes expanding the use of extra care provision and further expanding the opportunities for individuals to move from one pathway to another that better reflects their needs and potential for independent living.

The above workstreams also reflect the five strategic priority areas cited in the People's Commissioning Strategy<sup>21</sup>:

- Universal Services (services with a general offer e.g. to all new born babies)
- Early Intervention and Prevention (tackle problem early to reduce long term harm)

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<sup>21</sup> [Redbridge People's Commissioning Strategy 2018-2023](#)

- Targeted Services (services tailored to individual needs often to support independence)
- Working in Partnership (with other organisations e.g. NHS, voluntary organisations)
- Working with Communities (ensuring consultation and service user input)

**(b) 18+ domiciliary care market**

Cost of Care is an indicative rate that the Council will be working towards. Central government is expected to support movement to a Cost of Care by local authorities.

There is a contractual commitment for homecare providers to be paid an uplift from October 2022 that will ensure they are London Living Wage compliant. As stated, many of the provider returns as part of Cost of Care have already moved to or are assuming London Living Wage as part of their calculated cost.

Funding allocated to Redbridge for the 2022/23 financial year has supported the closing of the gap created by the larger than anticipated increases in the London Living Wage component announced last October. This care market has a higher percentage of individual carers below the London Living Wage, otherwise an additional pressure for care providers at a critical time for this workforce would be created, which could further act to destabilise the overall market.

LBR have invested a gross amount of £5.2m for care provider uplifts for 2023/24 to deal with projected inflationary pressures. This has been informed by the data exercise with the objective that funding gaps identified through that work are stabilised and do not grow as a result of inflationary pressures on care providers in 2023/24 being under funded.

Providers have been engaged in this exercise via qualitative sessions to better understand market sustainability challenges, particularly challenges in workforce and fee charges, that may have not been captured in the data collection tools. The Care Providers Voice (CPV), operating across BHR, have been a key strategic partner to this work. LBR will continue to collaborate with the CPV to address key current and future market sustainability challenges. CPV continue to support other aspects for the wider care market including a dedicated recruitment platform designed for providers of all markets as well as acting as a hub for training opportunities for employers and their staff which is delivered free of charge and combining the support which is available for employers and their staff to access and support them with the challenges faced.

There are several areas of work currently taking place to improve market sustainability in the homecare market. Importantly, the recommissioning and procurement of the homecare contract is currently in progress, with plans and intended commitments to improve monitoring processes and efficiency of the process. This will, in turn, improve

market sustainability. Regarding Trusted Assessors supporting the Community Treatment Team (CTT), CTT were experiencing pressures with capacity to support vulnerable patients who need adjustments within their homes to enable Independent Living. The new service provides a rapid response, welfare assessment from qualified assessors, feeding back to CTT for their attendance in urgent cases, and ordering equipment as appropriate to enable better outcomes for people. This is a pilot service currently in implementation phase for 4 months (from January to May 2023). This service is supporting the system during the winter pressure months. If successful following evaluation and subject to further ICB funding, then this service may continue.

A key issue affecting capacity continues to be the number of double-handed care packages. The need for equipment and training was identified to support carers more effectively and with Assistive Technology solutions to enhance care packages and reduce double handed calls where appropriate. An Assistive Technology pilot is being set up with the First Contact Team to supplement the existing People Matter strength-based assessment approach. Assistive Technology is being further explored, using data insights from monitoring daily activities which will be key in ensuring proportionate packages of care. The local authority has also been piloting a software toolkit (Multi-Me) for clients with learning disabilities to give them more advocacy around their care needs and goals.

Enhanced Homecare is a pilot combining the use of technology by homecare care workers to monitor the health of patients with long term conditions. This approach supports career progression for the homecare workforce as they receive training on how to measure and improve health outcomes for people living with long term conditions in the community. It also supports prevention and appropriate escalation through the enhanced monitoring of individuals and ensures GPs are updated with current bio measurements and condition of the patient. This combines both the upskilling and added value of the workforce and the service they provide to care in people's homes, in doing so it is hoped the approach will attract new entrants into care and support capacity in a multiple ways, including supporting a reduction of unnecessary escalations requiring acute health intervention, hospital admission and as a consequence, support individuals to remain independent for longer.

It is recognised that there continues to be a need for more investment on an outcome focused approach to care planning. This is centred around setting targets for Homecare service users with a view to improving independence where possible, enabling them to be both involved with and promote their own care. Complementing this is the replacement of the existing case management systems with a modern equivalent (Liquid Logic, ContrOCC), and a new Digital Front Door Adults [website](#) that has recently been introduced, which facilitate and support effective use of resources.

Throughout this exercise, homecare providers have been engaged to not only complete the Cost of Care data template, but also input into the Market Sustainability Plan



through complementary surveys, focus groups and roundtable discussions. Commissioners have been present during provider forums, answering queries about the exercise and encouraging providers, irrelevant of size or geography, to partake and have their views heard. Engagement will continue as the local authority seeks to engage various streams of the adult social care market when developing its Market Position Statement.

Moreover, the Joint Strategic Needs Assessment<sup>22</sup> cites Population Health Management (PHM) with its focus on prevention and early intervention to address the causes of ill health rather than just responding to problems when they become severe enough for patients to seek care. This is essential if the local authority is to improve outcomes and ensure the long-term financial viability of health and care services. Hence, a review of the Council's voluntary and community sector (VCS) early intervention and prevention offer in adult social care will take place, to review and ensure that investments are suited to the needs of the local community. The make-up and need of Redbridge's local population has shifted as indicated by Census 2021 data, so it is important that services commissioned to provide early intervention and prevention are fit for purpose and suits the needs of our diverse communities.

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<sup>22</sup> [Redbridge Joint Strategic Needs Assessment 2021](#)