

Annex C: Final market sustainability plan template

Section 1: Assessment of the current sustainability of local care markets

In 2022, the resident population of Hammersmith and Fulham (H&F) was estimated to be approximately 201,400 people. We anticipate that the largest growth in population will occur amongst those aged 80 years and above (increase of 48%). The smallest population increase will occur in those aged between 0-15 years, which will increase by 13% in the next 10 years.

We have a highly mobile population. Our council sits at no. 6 for the highest mobility rate in England, due to the high number of international and internal migration of H&F residents. In 2019, 4,995 residents moved from abroad to H&F, and 4,881 residents moved from H&F to live abroad. In terms of internal migration, in 2019, 21,264 residents moved to H&F from other UK regions and 22,943 residents moved from H&F to other parts of the UK.

Our vision for adult social care along with our Independent Living Vision underpins our administration's commitment to improving quality and how we engage and nurture partnerships with our residents and our local care markets that we commission care and support from to meet our residents' needs.

Our Adult Social Care vision statement is **“Working compassionately with residents so that they enjoy independent, healthy and fulfilling lives.”**

Our Independent Living vision is for **“Disabled people, and all who draw on care and support, to have the same rights and opportunities to live in the community as other citizens, with genuine choice in where and how they live and control over any personal support they receive.”**

We do not charge residents for support at home / community-based support – this is a key part of our commitment to Inclusion in H&F. We are committed to co-producing support with the people who use it.

The following key priorities are worthy of note and will help sustain the right care market for H&F residents:

1. Improving the quality-of-care provision: we need our care homes and homecare providers to make continuous improvements to care services a priority so our residents can enjoy high quality care services as they live independently in the community.
2. Adequate supply of care: we have a sufficient number of care providers within the local market. We do need to further develop support for people with Dementia.
3. Workforce: we recognise that shortage in supply of care workers is a national issue. As they are key to the delivery of sustainable, quality services, we are jointly training our workforce with providers, to embed our vision & principles that should create an enabling approach in our support services. Ensuring care workers are valued is a key commitment of ours and as such we expect all of our providers to pay the London Living wage (LLW) as a minimum and for home carers to also be paid travel costs. This is reflected within our contractual requirement for all providers. Payroll checks are carried out to check the LLW is being paid to carers. We currently paying between £18-19 per hour to main homecare providers and between £17-18 to spot providers. Providers are also asked to pay home carers travel costs.
4. Inflation: we acknowledge the pressure the UK economy is facing with rising inflation and the cost-of-living crisis and so have worked with the local markets to complete the cost of care exercise and also considered this in setting our annual price increases. The fee rates for care homes and homecare are deemed sustainable, (noting however the limitations of the cost of care conclusions for both markets). The indicators used for this are (1) the improvement in quality since 2021 and (2) the stable number of providers. However, the current market conditions do challenge the sustainability and we have seen an increase in provider concerns over fee rates in particular for care home placements made outside of the Borough.

Inflation is an issue that is discussed on an annual basis within our annually updated pricing report, which looks at national and regional advisory notes, available budget and potential grants. The authority is not aware of any issues around provider stability and our local market has been sustained by this. Feedback from local providers state that sustainability of the market is driven more by workforce capacity than inflationary pressures by themselves.

5. Strategic Partnering: we need our local provider to work together with H&F and our residents to co-produce the quality of services and come up with innovative models of delivering services. This approach involves developing partnerships and alliances with a range of stakeholders, including H&F, non-profit organisations, community groups, and private sector organisations, to deliver high quality care services for our residents and their carers.

To support our approach to pro-actively manage quality improvement in the local market and enhanced a close working relationship with our social care regulator, over the last five years we have held high level informal meetings on a six-weekly basis between our Strategic Director for Adult Social Care and the Care Quality Commission where areas of concern and new developments are discussed.

This document should be read in conjunction with the available Cost of Care submission (the fee payments are provided there), Market Position Statement, Digital Inclusion Strategy, Dementia Strategy and Independent Living vision and lastly the administration's Manifesto for Hammersmith and Fulham.

Reference documents:

- Independent Living Vision - [Click here for Independent Living Vision](#)
- Dementia Strategy - [Click here for Dementia Strategy](#)
- Administration's Manifesto - [Click here for Labour Manifesto](#)
- Digital Inclusion – [Click here for Digital Inclusion Strategy](#)
- Disabled People's Commission Report - [Click here for the Disabled People's Commission Report](#)
- Housing Strategy - [Click here for the H&F Disabled People's Housing Strategy](#)
- Draft Market Position Statement.

Assessment of current sustainability of the 65+ care home market

H&F has a small provider market of four care homes (with 2 of the care homes on Private Finance Initiative (PFI) contracts). All four of our homes are rated "Good" by the Care Quality Commission (CQC). Only a small number of residents choose to go into a care home as homecare and a range of community services are free in H&F and have been since 2015 and our current administration are determined to keep homecare free of charge for all eligible residents.

Our 65+ care home market is one that is sustainable as it is able to the needs of individuals who require care both now and has the potential to adapt to meet present gaps and future demand. We do need our care home to consider changing the use of some bed type to cater for our demand for residential dementia beds.

Quality of care home provision remains a concern for us as we expect our providers to consistently provide high quality care home services. The need to sustain continuous improvement in quality of care home provision is a top priority for us in H&F. Our care home providers are expected to demonstrate their commitment to continuous improvement to H&F through conducting resident satisfaction surveys, measuring health outcomes, and adherence to best practices.

Assessment of current sustainability of the 18+ domiciliary care market

Home care in H&F has been free to eligible residents since 2015 and we are the only council in the country to provide free home care at point of delivery provided a resident has been assessed as needing homecare. This means H&F does not generate any income from residents in receipt of this service as compared to other boroughs.

H&F's homecare market is well established with 14 providers registered with the Care Quality Commission (CQC) and 10 of them (71.4%) of them are rated "Good" while the remaining are rated as "Requires

Improvement” (RI). There is sufficient supply to meet demand for homecare in borough. We work with these RI providers proactively to improve their quality. We have a policy of only placing people with care providers who are CQC rated as Good, or, Outstanding.

We have a good mix of local smaller providers and well-established large provider with a local presence. We are aware of providers who cater particularly for specific groups relating to ethnicity and religious affiliation.

H&F is committed to increasing the uptake of direct payments (DP) as a key facilitator of Independent Living and to generate more innovation and community led solutions. Co-produced improvements in local DP support give a strong foundation on which to extend DPs but planning is needed to ensure DP users have access to a local supply of PAs (personal assistants).

Continuously improving the quality of our homecare service is a top priority for H&F and is a key manifesto commitment of our current administration. Our homecare manifesto commitment sets out our vision **“We will improve the quality of the home care we provide, so that residents have carers who are consistent, well trained, regular, punctual and knowledgeable about individual residents’ needs.”**

Promoting the use of Telecare is fundamental to H&F helping our residents to live independently in the community for longer so the Council and homecare providers continues to recognise the role technology plays in promoting residents’ wellbeing. We continue to use electronic call monitoring and assistive technology to ensure service delivery is safe and efficient. We also have plans to develop a clear strategy that promotes the use of technology.

H&F has higher than average spend on short term services and lower than average spend on long term services. This suggests that as compared to other local authorities’ short-term intervention, such as reablement are more successful in reducing the need for long term support and therefore represent a good investment.

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

The table below considers the **additional demographic demand** forecast in H&F, based on the current number of residents, by service type and age, and the population projections for the next **three** years. In order to forecast this, it has been assumed that current provision split remains the same.

Current Residents by Service Type	18 - <65	65+	Total
Homecare	1003		1003
Residential		124	124

In addition to Local Authority commissioned services, the care market also supports a number of self-funded residents, the proportion of these are shown on the table below by service type.

The impact of the ASC charging reform will mean that from October 2025, all self-funders will be able to purchase their care through H&F. This means that there will be greater alignment in the costs paid for care across all types of residents and needs to be considered as part of sustainability in the future.

Care Setting	Self-funded Service Users (%)
H&F Care Homes	18%

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

In terms of funding, the grant allocation has mostly been used for fee increases to address the market sustainability for the 2022-23 year. Any further grant allocation is likely to be used in the same way for the foreseeable future. This is to ensure financial stability and sustainability of H&F's adult social care market.

H&F is committed to attracting and sustaining a strong local workforce. For example, we offer key worker priority intermediate affordable housing enabling them to live and work in the borough. We have regular discussions about workforce development with providers (both care home and homecare) and are also in regular regional discussion focused on workforce shortages.

The London homecare market has a large number of often small providers, and the market can be comparatively fluid compared to elsewhere. Cross-borough working is common, both for providers and in terms of care home placements where 30% of placements are across borough boundaries.

As the only Council in the country to offer free homecare, H&F is committed to excellence across homecare and in house reablement. We work closely with our in-house services that have been rated "Outstanding" by the Care Quality Commission to use their expertise to support our commissioned provider to improve the quality of their services. NB both our Reablement and short-stay service for people with a Learning Disability have been CQC rated as Outstanding for the third successive time in a row show we very much use their managerial and practice skills to assist us in quality improvement across the wider provider market.

It is key that the Council sustains its diverse and specialist provision in the community whilst ensuring that these services delivery quality, safe care including alternative provisions such as more extra care to prevent long term support and TECS (Technology Enabled Care Solutions) and greater involvement in the regional commissioning for care homes. H&F is part of the West London Alliance and is already engaged in regional discussions on benchmarking, joint commissioning and data sharing. Our digital strategy includes assistive technology and how this can sustain independent living in the community for longer, delaying admission into a care home and reducing demand for the 124 placements that are anticipated (see Section 2). We use technology for fall prevention in care homes, utilising this not only to prevent falls, but also ensures care is provided as soon as possible after a fall.

Our digital strategy includes assistive technology and how this can sustain independent living for longer in the community. Our Care Line services are being reviewed with the intention to increase their scope both in response to incidents and wider developments in assistive technology and algorithms to become smarter in preventative care. For example, monitoring of night-time activity determining cognitive disorders earlier and early signs of urinary tract infection.

We have a draft Market Position Statement in place. This has been informed by the market through several forums and contract monitoring feedback. There is strong and consistent engagement with our homecare market through weekly meetings and regular forums. These forums determine any commissioning issues as well as feedback from their own staff to improve efficiency as well as quality of service. This is ongoing and part of our Quality Improvement Board.

We need to manage the cost of living, inflation short falls and increase in London Living Wage and we want to continue to work with providers to mitigate any risks caused by the uncertainty of inflation, cost of living and the increase in London Living Wage. The largest proportion of the grant has gone to the market to address any inflation short falls. It is anticipated that future grants will primarily be spend on managing the fee rates within the markets.

We are and will continue to support regional approaches to the Cost of Care exercise including benchmarking and joint commissioning. A priority is a regional commissioning alliance. H&F already have an integrated care partnership approach to market sustainability.

(a) 65+ care homes market

We have set up a workforce group to address any workforce issues. As stated before, H&F contractually require all staff to be paid the London Living Wage. We are working with our providers on their recruitment and retention.

H&F continuously seeks to improve discharge through a step-up/down allocation of beds, which supports a more timely and appropriate discharge from hospital to community and often back home from there. We aim to continue this service in collaboration with our health colleagues as part of a joint commissioning approach.

Joint Operational Groups (JOGs) for each care home comprising key partner are held monthly to discuss any issues affecting service delivery, including overall sustainability. The JOGs nurture a transparent and trusting partnership between the provider, health and H&F which in turn ensure that all work toward improving residents experience of adult social care. During Covid-19 we developed a very strong Health & Social Care ring of support around the care homes including, GPs, nurses, key hospital staff. We also employ and Infection Control Nurse – who’s been with us for three years now. She also offers a high degree of external support. Healthwatch also now offer an and Enter & View Service.

(b) 18+ domiciliary care market

The co-produced HF Disabled People’s Housing strategy sets out key commitments that will ultimately improve people’s choice of and access to appropriate and accessible housing enabling more people to live well in their communities.

Co-production with residents is H&F’s cornerstone of service shaping and development throughout the commissioning cycle (including procurement and evaluation of their own service through outcome-based commissioning). There is a strong structure for Co-production including a number of constituted Co-production groups with residents and capacity building to support residents and workers with the skills to co-produce and deliver changes. We expect all providers to have clear structures for the co-production and quality assurance of their local services.

We have set up a carers forum to ensure that carers views are being heard and acted upon with an action plan that is currently implemented and achieved by 2024.

Our current experience with homecare spot providers informs us that recruitment is a challenge but is manageable and do not foresee any significant changes in the next three years.

H&F is currently concluding a Homecare and Independent Living Service procurement process where a number of enhancements with have been made to improve the quality of homecare provided and a better experience of care for our residents is anticipated through smaller commissioned patches and moving towards an outcome-based commissioning model.