



Members Local Authority Fee Survey Report November 2025

1. Introduction

- 1.1 Each financial year local authorities with a responsibility for adult social care review their local authority fee rates which they will pay to care providers for care.
- 1.2 For the 2025/26 financial year:
 - Shropshire Council agreed a 6% uplift to its standard rates for care homes and domiciliary care¹.
 - Telford & Wrekin Council agreed a 2.5% uplift for bed-based care for people aged 65+ and a 3.75% uplift for domiciliary care.
 - Cheshire East Council agreed an 8.09% uplift to its standard rates for care homes and domiciliary care.
 - Cheshire West and Chester Council agreed uplifts of between 4.2% and 6.4% for care homes and between 5.9% and 6.0% for domiciliary care.
- 1.3 In October 2025 Partners in Care surveyed our local care provider members to explore the impact of current local authority fee rates on their businesses and gain their feedback and insights to support discussions with Shropshire Council, Telford & Wrekin Council, Cheshire East Council and Cheshire West and Chester Council regarding fee rate uplifts for the 2026/27 financial year.
- 1.4 Our aim in conducting this survey was to gather evidence direct from care providers to demonstrate the effect of current fee levels on the sustainability of the sector currently and over the next 12 months.
- 1.5 This survey was designed to gather providers' views and was not in any way intended to identify the cost of care. The local authorities conducted their own Cost of Care Exercises in 2022 in respect of care homes for the over 65's and domiciliary care for the over 18's as required by central Government.

¹ Any provider receiving a rate higher than the Council's published 2024/25 standard rates did not receive an uplift. Providers who were at the 2024/25 rates received the % increase or an increase that took them to the new capped rate

- 1.6 Throughout this report, percentages used are of responses received to the specific question. Not all respondents to the survey responded to every question.

2. Summary of findings

- 2.1 A total of 63 responses were received to the survey representing 95 care services across Shropshire, Telford & Wrekin, Cheshire East and Cheshire West and Chester. This compares to 64 responses (representing 91 services) received to a previous fee survey undertaken by Partners in Care in October 2024. Of the 63 responses, six respondents do not deliver any local authority-funded care services and as a result only part-completed the survey.
- 2.2 We also received a large number (30+) of incomplete responses which we had to disregard. This year's survey was significantly longer than the previous survey undertaken in October 2024 and included 38 questions, including a number of additional questions requested by Shropshire Council and Telford & Wrekin Council. The average response time was 25 minutes. The 2024 survey had 30 questions and an average response time of 17 minutes. The length and time required to complete this year's survey may have affected the overall response rate and the large number of incomplete responses received.
- 2.3 The table below provides a breakdown of service type and areas covered (NB: figures in the table differ from the total number of responses received because providers were asked to state all the services they deliver, and some providers deliver more than one type of service).

	Shropshire	Telford & Wrekin	Cheshire East	Cheshire West and Chester
Care Homes	24	16	0	2
Domiciliary Care	24	9	2	2
Supported Living	4	0	1	1
Shared Lives	1	0	0	0
Day services	5	4	0	0

- 2.4 Of the services across Shropshire, Telford & Wrekin, Cheshire East and Cheshire West and Chester, 58 services deliver care funded by Shropshire Council, 29 services deliver care funded by Telford & Wrekin Council, 3 services deliver care funded by Cheshire East Council and 5 services deliver care funded by Cheshire West and Chester Council.
- 2.5 23% of respondents feel that the current local authority fee rates cover their actual weekly operating costs, an increase from 14% in the previous survey undertaken in October 2024. However, 44% of respondents do not feel that the current local authority fee rates cover their actual weekly operating costs, with a further 33% feeling that the current local authority fee rates only cover their actual weekly operating costs some of the time.
- 2.6 65% of those respondents for whom the question was applicable cross subsidise council fee rate income with other business provision, e.g. self-funders, other private funded care through charities/other organisations, etc, a decrease from 72% in October 2024.
- 2.7 The highest impact cost pressures across all care providers are as follows. These were also the five highest impact cost pressures in the previous survey undertaken in October 2024, although in 2024 increasing wage bills and the National Living Wage (NLW) were separate multiple choice options whereas in 2025 they were combined along with employers National

Insurance Contributions (NIC); increasing insurance costs was the sixth highest reported cost pressure in 2024.

- Increasing wage bills including National Living Wage (NLW) and employers National Insurance Contributions (NIC).
- Increasing energy/utility costs.
- Increasing staff recruitment costs.
- Increasing insurance costs.
- Increasing mileage/travel costs for staff.

2.8 Whilst there is evidence of some improvement in the financial situation/sustainability of care providers who responded to our survey over the past year, there remains an underlying theme of increasing cost pressures impacting on care providers, particularly in respect of wage bills/the National Living Wage/employers NIC, increasing energy/utility costs, increasing staff recruitment costs and increasing insurance costs.

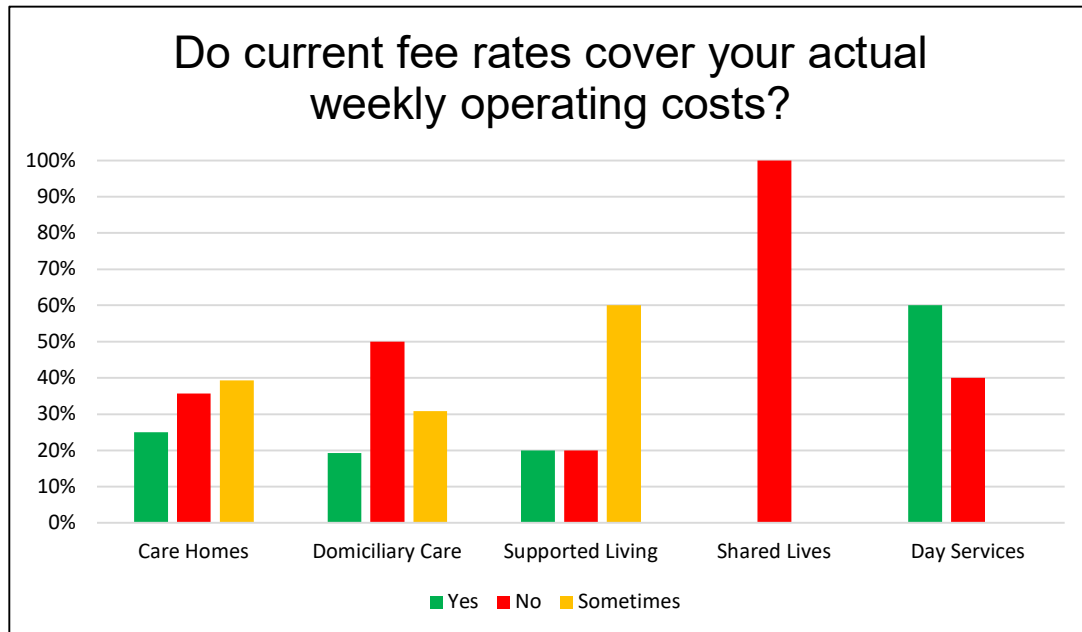
2.9 Whilst the reported average staff turnover rate has reduced slightly from 17% to 15%, the confidence levels of care providers who responded to our survey for the next 12 months are significantly lower than they were a year ago, with 51% of all respondents expecting to further reduce the amount of council funded care they provide in the next 12 months if fee rates remain the same in 2026/27.

2.10 The detailed comments made by care providers throughout the survey highlight the critical position the sector continues to face in Shropshire, Telford & Wrekin, Cheshire East and Cheshire West and Chester, and in particular the negative impact of the current local authority fee rates on staff recruitment and retention and providers' ability to grow their businesses and continue to deliver high quality services.

2.11 The survey responses set out a clear case for support for local authority fee rates to increase for care home, domiciliary care and supported living providers, without which it is inevitable that care providers in Shropshire, Telford & Wrekin, Cheshire East and Cheshire West and Chester will continue to withdraw from local authority placements/packages/contracts.

3. Operating Costs and Placements

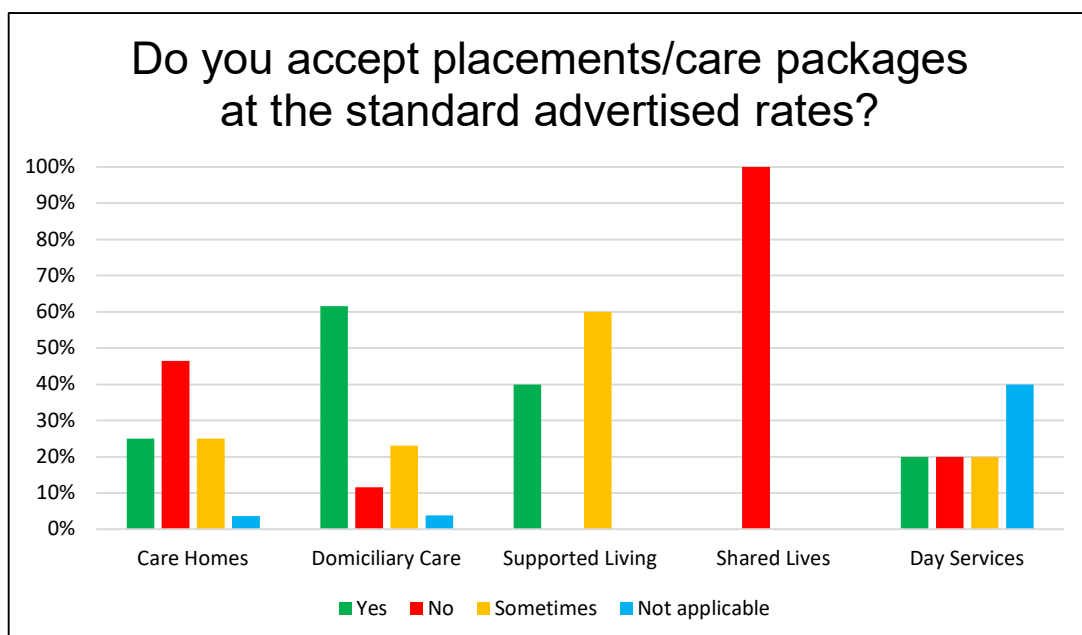
3.1 23% of those asked feel that the current local authority fee rates cover their actual weekly operating costs, an increase from 14% in the previous survey undertaken in October 2024.



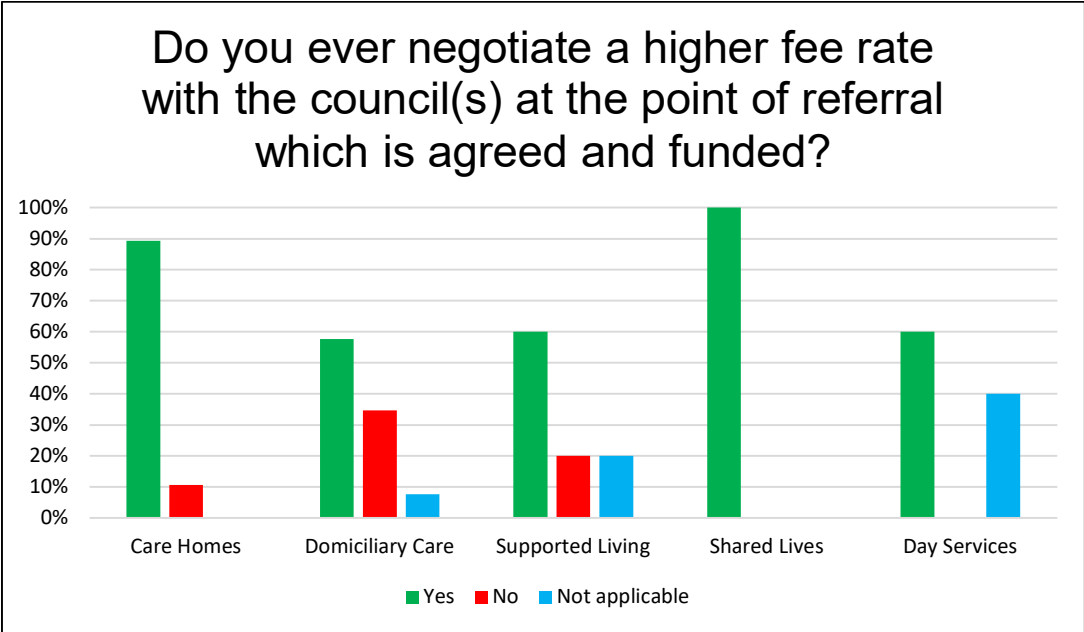
3.2 However, 44% of respondents do not feel that the current local authority fee rates cover their actual weekly operating costs, with a further 33% feeling that the current local authority fee rates only cover their actual weekly operating costs some of the time.

3.3 36% of care home respondents, 50% of domiciliary care providers and 20% of supported living providers stated the current weekly fees do not cover the costs of providing care. This compares to 72%, 54% and 57% in the previous survey undertaken in October 2024.

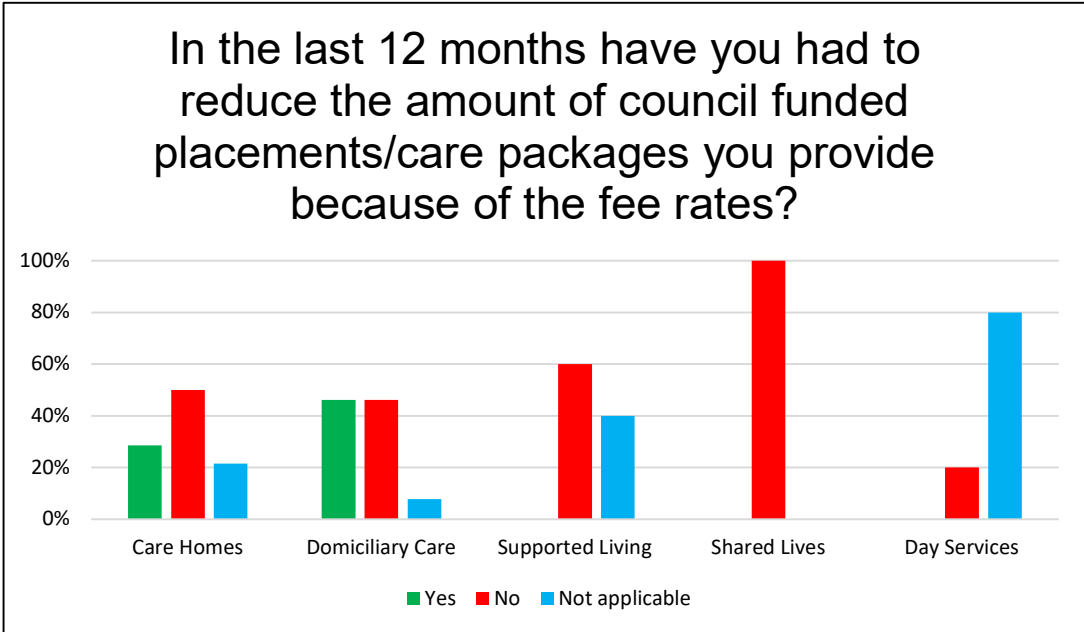
3.4 67% of providers always or sometimes accept placements and care packages at these rates, a slight decrease from 71% in the previous survey conducted in October 2024. Care homes are significantly less likely to accept placements and care packages at the current fee rates than other providers including domiciliary care providers and supported living providers.



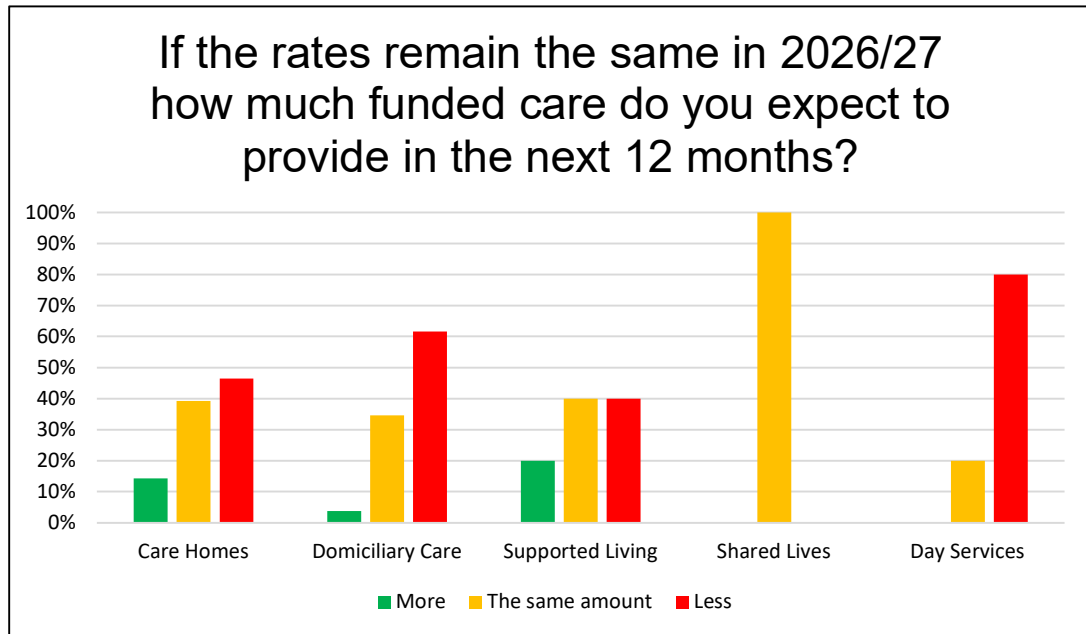
3.5 We asked providers if they ever negotiate a higher fee rate with councils at the point of referral. 90% of care home providers and 58% of domiciliary care providers said they did, both increases compared to the previous survey in October 2024 (78% and 54% respectively). Conversely, 60% of supported living providers said they now negotiate a higher fee rate, a decrease from 71% in October 2024.



3.6 Providers were asked if they have reduced the amount of local authority funded placements/packages they accept in the past 12 months because of fee rates. 32% of all providers who responded confirmed that they have reduced the amount of local authority funded placements/packages they accept in the past 12 months, a decrease from 47% in the previous survey in October 2024.



- 3.7 51% of all respondents expect to further reduce the amount of council funded care they provide in the next 12 months if fee rates remain the same in 2026/27, a decrease from 71% in the previous survey in October 2024. 9% expect to increase the amount of council funded care they provide compared to 2% in October 2024.



Care Home Provider Comments

In the last 12 months have you had to reduce the amount of council funded placements/care packages you provide because of the fee rates?

We've just tendered for fewer as we try to work more with case managers.

We are actively approaching other councils out of area and offering our services because they pay higher rates.

Can't afford to do that.

We prioritise private placements where possible.

We have that conversation but the fees were not reduced as the argument is that the persons needs has not improved to demand any reduction. More a lot of fees are already low.

I will always consider LA funded, because it appeases my social conscience not to preclude people based on means. Sadly I have to accept that it stores up trouble when it comes to annual fee increases. The only way to get an uplift would be to serve notice and then re-bid (and probably be unsuccessful!).

Yes to some degree, as Councils will not always pay acceptable rates, beds have not been filled as quickly. Which has been more organic, there has been a slight increase in the proportion of privately funded placements.

If the rates remain the same in 2026/27 how much funded care do you expect to provide in the next 12 months?

We can't stand still, if companies don't grow they go backwards!

Assuming they will agree to pay us an elevated rate.

We will always try to keep to private clients, fast track or out of area.

Due to high overhead costs.

We can't manage the business just taking current LA rates – IF they remained the same, but costs are continuing to rise, we would and are looking at increase our percentage of private residents.

Due to significantly reduced number of LA referrals this year, we are not in a position to change. 30 minute calls will not be possible for us.

We could not afford to continue at the current levels. Wages have increased as has NI. All other costs have inflationary pressures, not least utilities. Corporation tax has also increased, leaving less money for reinvestment.

The person needs that level of care for a reason.

To maintain same will affect quality care delivery, staff moral as wages will remain low.

We cannot change the amount of funded care.

Will continue to increase private residents.

Current fees do not meet operational costs of care and if fees don't increase to meet inflation it will not be sustainable.

I must maintain an income to remain solvent and so will always favour private occupancy. Support needs have increased, we provide the care support, but are not being funded for it.

If rates remain unchanged in 2026/27, the volume of funded care we expect to provide will be directly influenced by a review of financial viability. Where fees are not uplifted and homes are projected to operate at a financial loss, this will significantly impact our ability to sustain placements. In such cases, we may need to consider handing back contracts, which would reduce the level of funded care we can continue to offer.

Fees are already discounted on many new council placements, we cannot afford to discount more than already doing so, fees will need to increase at least in line with wages inflation.

Will probably move towards more private beds.

Domiciliary Care Provider Comments

In the last 12 months have you had to reduce the amount of council funded placements/care packages you provide because of the fee rates?

We've just tendered for fewer as we try to work more with case managers.

We can only accept council work where it happens to fit in with other work to share costs.

Or we have focussed on Clients with more complex care requirements which enables us to charge a higher rate.

We are actively approaching other councils out of area and offering our services because they pay higher rates.

However, we have massive waiting lists for some services because we are unable to take on any more clients, especially for those we don't charge for!

Not for this location but business wide yes for other contracts / areas.

However, we are considering it.

As a business we are established to providing a balanced funded care service.

We have not reduced the number of council/NHS Integrated Care Board funded placements in the last 12 months. Despite operating at a narrow margin or loss, accepting more clients helps us offset costs and maintain service delivery.

We have no choice but to work with the NHS as we specialise in end of life and palliative care.

We are focusing on building self funder packages.

We are not currently accepting any new LA funded packages, unless they are in the same house/building as existing packages and the visit timing correspond.

It's very hard to find private clients – I'm backed into a corner.

We have to see if the money in covers the money out. At the moment it's about £2.50/hour short from authorities.

We have purposely targeted private clients.

In some cases where runs where not viable i.e. rural and travelling costs are increased.

If the rates remain the same in 2026/27 how much funded care do you expect to provide in the next 12 months?

We can't stand still, if companies don't grow they go backwards!

We aim to provide the same amount. However we will be taking hard decisions in future about the amount of council work we take, due in many respects to government fiscal policy.

Because it is likely that our costs will increase across all areas.

We will always try to keep to private clients, fast track or out of area.

We are anticipating a very significant drop (20%) approx in grant funding from the two councils in 26/27 and have already lost some form T&W, large chunk from Shropshire will go next year.

Maybe less because with our self funded clients they pay a bit more so this would be the clientele we would be most likely take on their packages.

We will not take on any new clients at the current rates as it will put us into a further deficit that we can't absorb via fundraising.

We actively seek for more self funding clients to maintain a balanced pay for staff, alongside job security.

We do not expect to provide more funded care in 2026/27 if rates remain the same. With rising operational costs and current fee rates already falling short, continuing at this pace may become financially unsustainable.

We don't foresee any growth in the future.

30 minute calls will not be possible for us.

The mileage we cover providing care in rural areas is not covered in the fees. It would not be financially viable.

Not worth it. Labour Government incompetency and lack of fee increase means not viable.

Or less not more.

We will continue to aim towards our target of at least 60% of our income being generated through self-funding clients.

I would not be able to give the staff a wage increase, so I would probably have to close the business.

WE WOULD NO BE ABLE TO ABSORB ANY MORE.

We do not wish to take on loss making packages.

Everyone is just surviving (or closing down) and like every other care provider we would really like to just have private clients. That's not going to happen any time soon and to remain legal on meeting the MLW criteria we must fill carers rotas. We don't have the income to pay block hours.

It is extremely rare for us to hand back a care package. We have never handed a council package just to make room for a private one. If council fees don't increase we might have to make that difficult decision just to keep the company afloat. Depending on what the National Living Wage is will depend on whether we hand all our contracts back and concentrate on private care packages only.

If rates remain the same we may have to reduce operations.

Supported Living Provider Comments

In the last 12 months have you had to reduce the amount of council funded placements/care packages you provide because of the fee rates?

We have tried to meet need as it arises, we do limit ourselves to geographical areas where better rates would ensure we can have a wider reach.

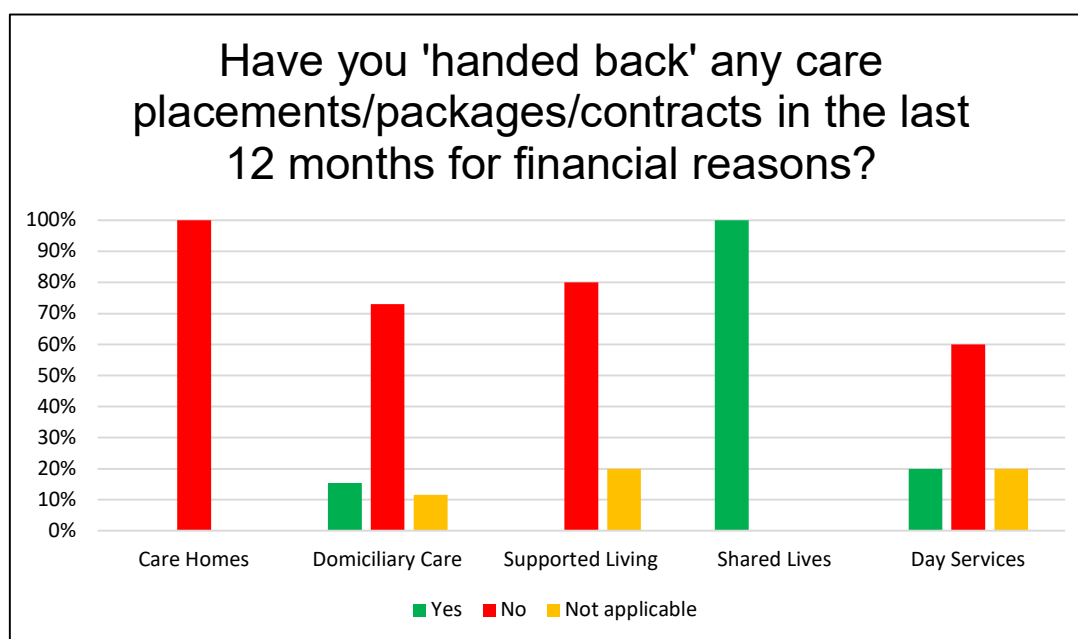
If the rates remain the same in 2026/27 how much funded care do you expect to provide in the next 12 months?

We can only take a small proportion of council funded clients as their fee rate would not cover all the running costs.

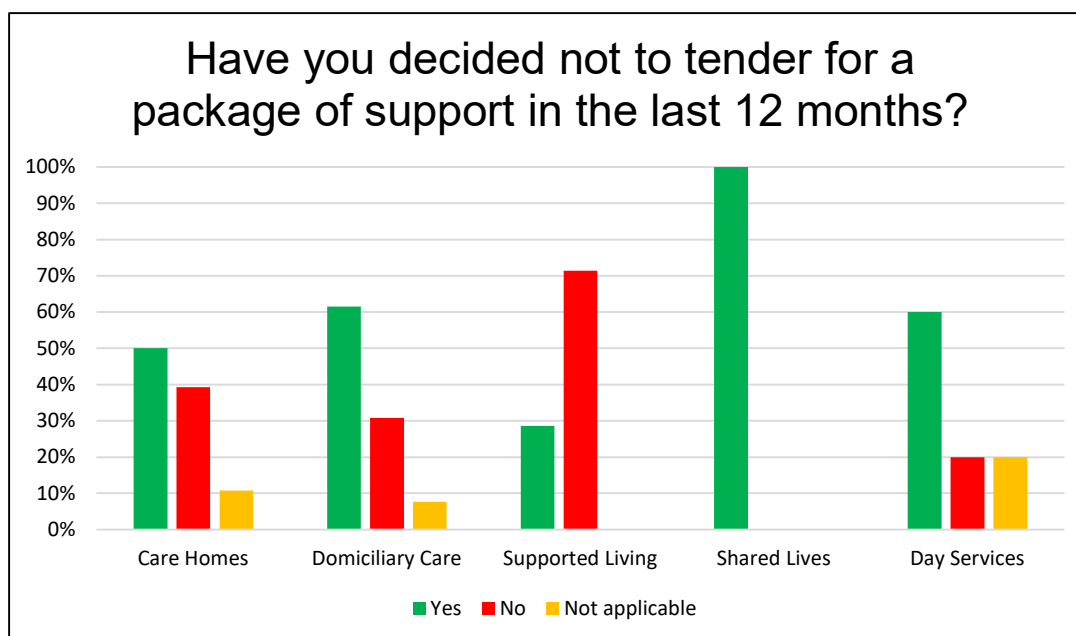
30 minute calls will not be possible for us.

We would pivot away from local authority clients and focus on private clients primarily.

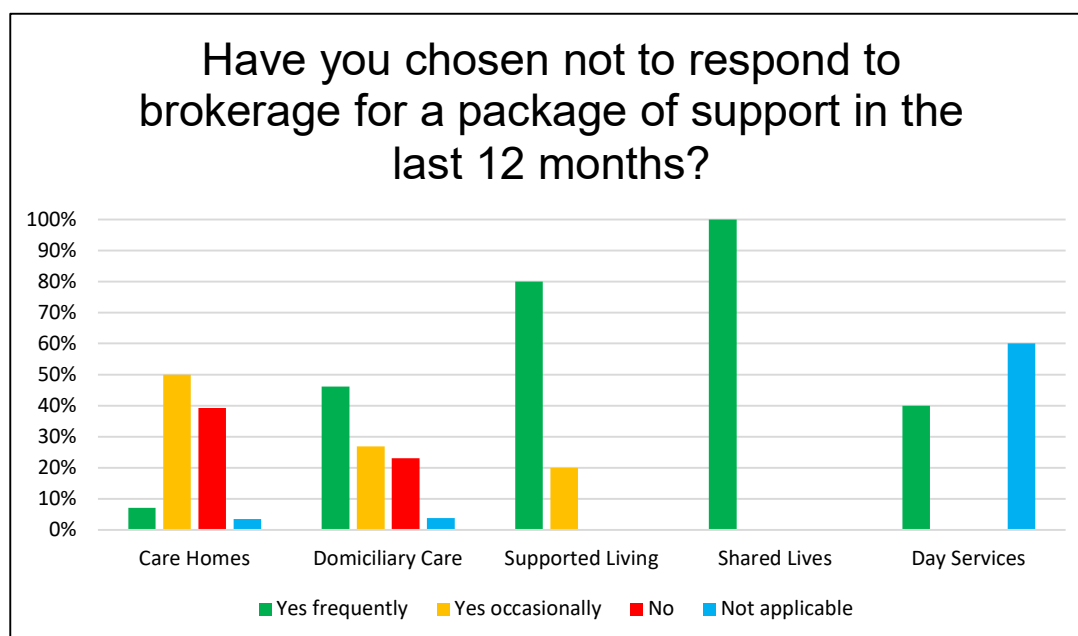
- 3.8 7% of respondents told us that they have 'handed back' care placements/packages/contracts in the last 12 months for financial reasons, a slight decrease from 10% in the 12 months to October 2024. 16% of domiciliary care providers have handed back placements/packages/contracts, whereas no care home providers have handed back placements/packages/contracts.



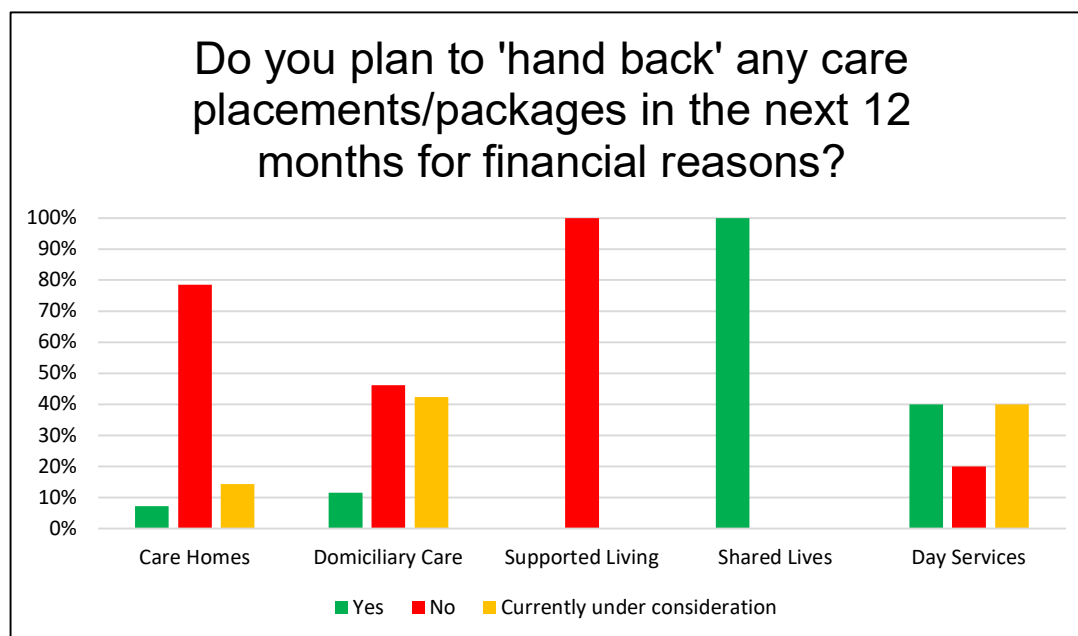
- 3.9 However, nearly half (48%) of respondents have decided not to tender for a package of support in the last 12 months, an increase from 42% in the 12 months to October 2024. Nearly two-thirds (62%) of domiciliary care providers who responded had decided not to tender for a package of support in the last 12 months.



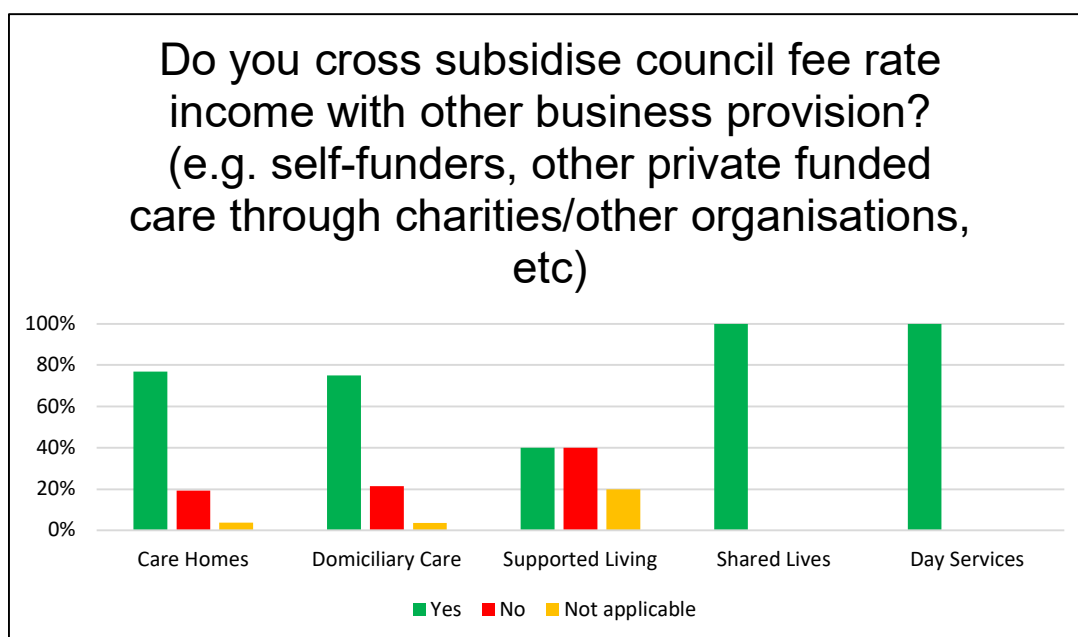
3.10 Two-thirds (67%) of those respondents for whom the question was applicable have chosen not to respond to brokerage (frequently/occasionally) for a package of support in the last 12 months, a slight increase from 65% in October 2024. Nearly three-quarters (73%) of domiciliary care providers had chosen not to respond to brokerage (frequently/occasionally) for a package of support in the last 12 months, an increase from 68% in October 2024.



3.11 10% of respondents are currently planning to 'hand back' further care placements/packages in the next 12 months for financial reasons, a slight decrease from 14% in the previous survey in October 2024, and a further 25% are currently considering this – again a decrease from 38% in October 2024 – including over four out of ten (43%) of all domiciliary care providers who responded.

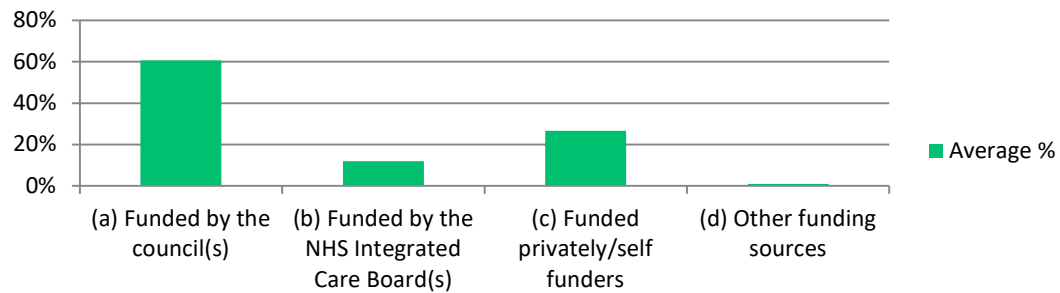


3.12 We also asked providers if they cross-subsidise council fee rate income with other business provision, e.g. self-funders, other private funded care through charities/other organisations, etc. Nearly three-quarters (72%) of those respondents for whom the question was applicable cross subsidise, the same percentage as in the previous survey in October 2024.



3.13 We asked providers approximately what percentage of their clients are funded by (a) the council(s), (b) the NHS Integrated Care Board(s) (ICBs), (c) the clients themselves (funded privately/self funders) and (d) other funding sources. The results are shown in the chart below. The average percentage of clients funded by the council(s) was 61%, compared to 12% by the ICBs and 27% by the clients themselves (funded privately/self funders).

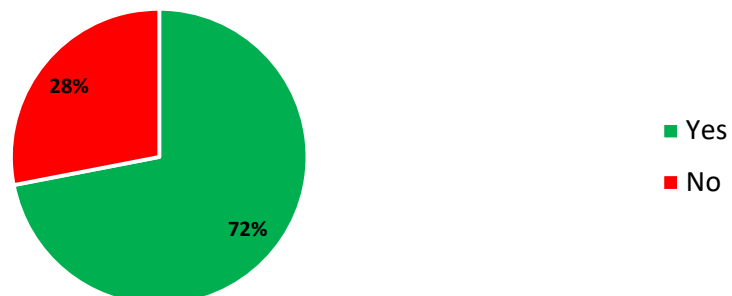
Approximately what percentage of your clients are funded by (a) the council(s), (b) the NHS Integrated Care Board(s) (ICBs), (c) the clients themselves (funded privately/self funders) and (d) other funding sources?



3.14 As requested by a local authority partner, we also asked care providers what is their average self funder rate (either hourly for domiciliary care/supported living or per bed per week for care/nursing homes). The average self funder rate for domiciliary care/supported living reported by respondents is £30.04 per hour with a range of £25.00 to £42.00. The average self funder rate for care/nursing homes reported by respondents is £1,075.00 per bed per week with a range of £850.00 to £1,750.00. 25 domiciliary care/supported living providers and 19 care/nursing homes answered this question. Data isn't available for the average self funder weekly bed rate by type of care/nursing home.

3.15 The survey found that a majority of those who responded to the question (72%) provide Continuing Healthcare (CHC) funded care for the ICB(s), a slight decrease from 80% in October 2024.

Do you provide Continuing Healthcare (CHC) funded care for the NHS Integrated Care Board (formerly the Clinical Commissioning Group/CCG)?

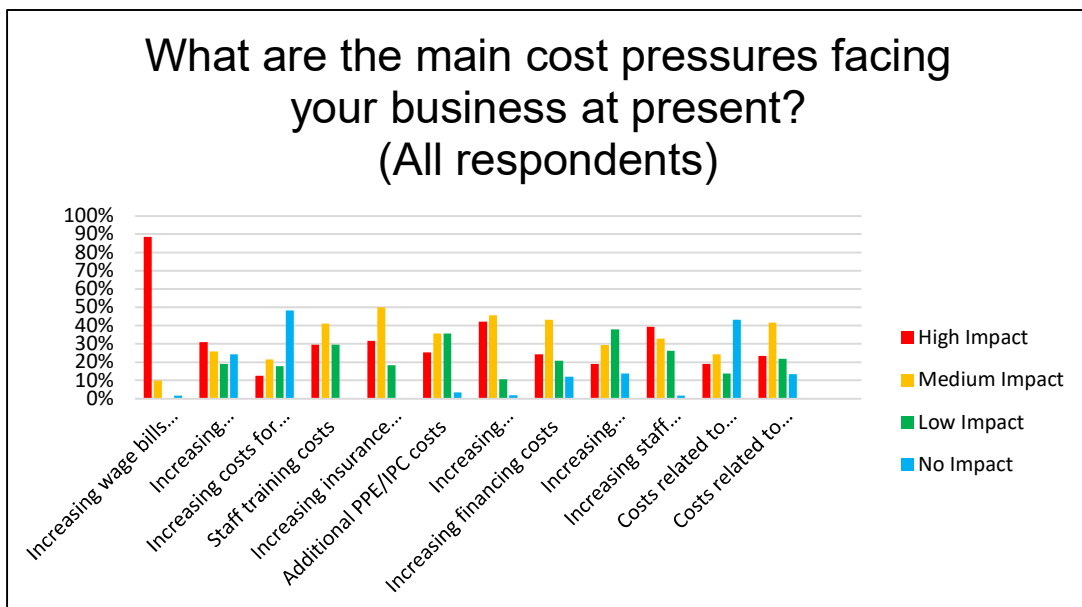


4. Cost pressures for care providers

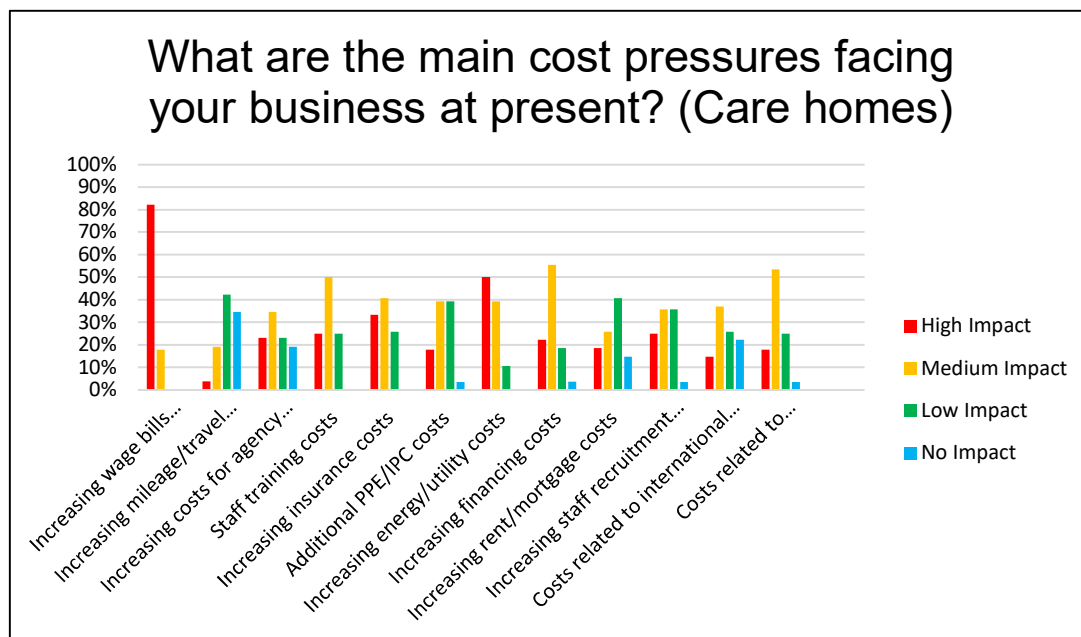
4.1 We asked providers to tell us the main cost pressures facing their business at present, and whether these are high, medium or low impact. The highest impact cost pressures across all providers were as follows – these were also the five highest impact cost pressures in the previous survey undertaken in October 2024.*

- Increasing wage bills including National Living Wage (NLW) and employers National Insurance Contributions (NIC).
- Increasing energy/utility costs.
- Increasing staff recruitment costs.
- Increasing insurance costs.
- Increasing mileage/travel costs for staff.

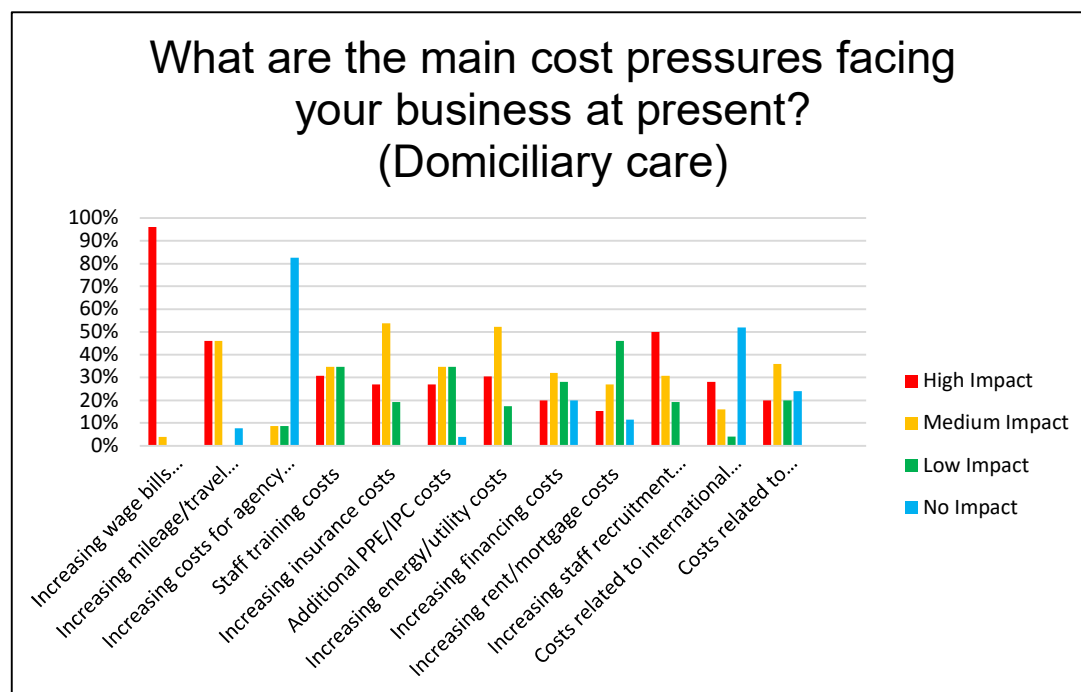
*NB: In 2024 increasing wage bills and the National Living Wage (NLW) were separate multiple choice options whereas in 2025 they were combined along with employers National Insurance Contributions (NIC); increasing insurance costs was the sixth highest reported cost pressure in 2024.



4.2 For care home providers, increasing wage bills including the National Living Wage (NLW) and employers National Insurance Contributions (NIC) and increasing energy/utility costs are the most significant cost pressures.



- 4.3 For domiciliary care providers, increasing wage bills including the National Living Wage (NLW) and employers National Insurance Contributions (NIC), increasing staff recruitment costs and increasing mileage/travel costs are the most significant cost pressures.

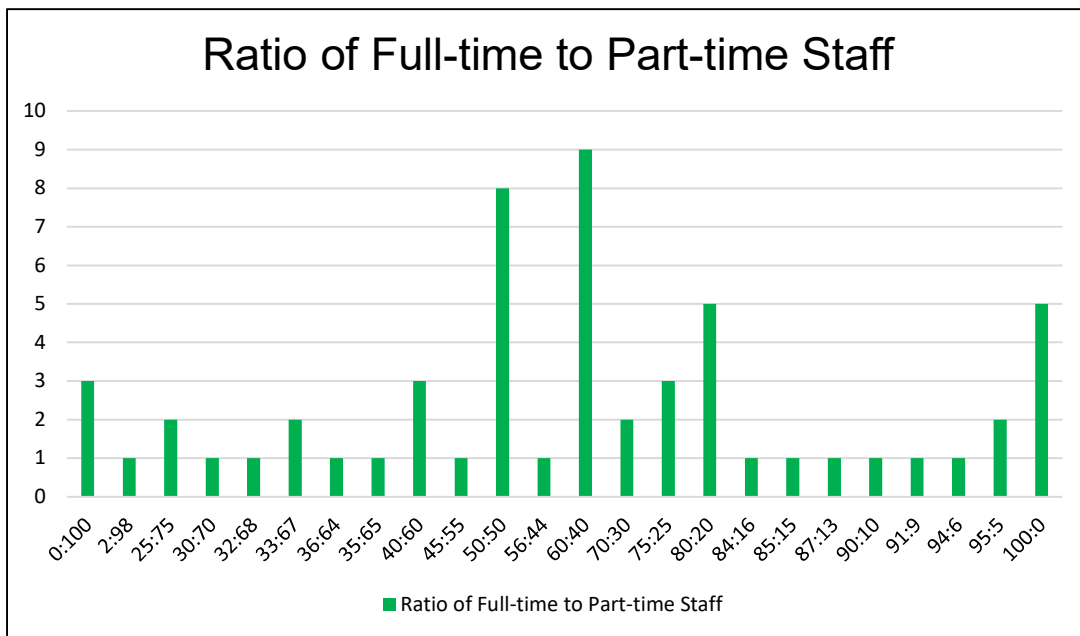


- 4.4 We asked providers, in addition to increased National Living Wage (NLW) and employers National Insurance Contribution (NIC) costs, what additional costs have they incurred in the last 12 months, e.g. increased recruitment costs, agency costs etc.? Below is a word cloud showing the most popular words used in responses from providers. Excluding “cost” and “increased”, the most popular words used were “recruitment”, “staff”, “agency”, “international”, “energy” and “utility”. This was very similar to the results of the previous

Question 23 – In addition to increased National Living Wage (NLW) and employers National Insurance Contribution (NIC) costs, what additional costs have you incurred in the last 12 months? e.g. increased recruitment costs, agency costs, costs related to international staff recruitment, increased energy/utility costs etc.



4.5 As requested by a local authority partner, we asked care providers “What is the ratio of full time to part time staff (approximate)?”. There was a wide range of staff ratios reported as shown in the graph below, with the most reported being 60:40 and 50:50.



- 4.6 We asked care providers what percentage of their total staff workforce has turned over in the last 12 months (i.e. how many staff have left their organisation as a percentage of their current total workforce). 58 respondents answered this question and the average staff turnover rate was 15%, a slight decrease from 17% in October 2024.
- 4.7 As requested by a local authority partner, we also asked care providers “If known, what percentage of staff that have left your employment have remained within the care sector?”. 38 respondents answered this question and the average percentage stated was 22.9%.
- 4.8 Again as requested by a local authority partner, we also asked care providers “Thinking about staff turnover, why do you think staff leave the care sector?”, and the responses are set out below.

Better pay, it's a tough job... though many do return when they realise the likes of new Aldi's and Lidl's cap their hours.

Workload. Pay scale.

For change of career or increase in wage.

Low pay.

Rates of pay and unsocial hrs and lack of child care provision.

Retirement, unsociable working hours, challenging work environment at time, lone working.

Relatively low pay for the work.

Toxic atmosphere within work place.in the recent past. Following some staff changes we now have a good atmosphere. Staff get on well together and help each other. Many people comment on the nice friendly "family" atmosphere within the home.

International staff are unable to leave due to their visa sponsorships being tied to us. Local staff - ill health, performance management issues, more hours elsewhere - they have all been working within the support teams e.g. cleaning / cooks.

Rate of pay, shift work , unsociable hours, hard work and public opinion of care work. We are not 'just a carer' we are professional well trained individuals and contribute to whole economy and wellbeing of so many people.

Pay and career opportunities have been the key aspects that have come out of our staff surveys.

Various Reasons.

Don't want the pressure and don't want to work evenings and weekends.

Better wages elsewhere.

We have minimal staff leave.

Demanding work, pay rates vs possible competition.

It is a difficult job that can be emotionally draining.

The working hours especially in Dom Care.

Low pay.

Difficulty in public transportation and local lodging, distance travelling.

Tough job, poor pay. We want to pay carers more as we strongly believe they deserve it for the work and job they do. Without increased funding, this is near impossible. I think if you consider, the hours, the emotional and physical toll of the job itself, and the lack of proper remuneration – you can completely understand why people look to leave the sector.

Better pay stacking shelves than what they get paid to be a home carer.

Generally improved terms and conditions of other sectors, e.g. supermarkets - less responsibility, better pay.

Pay not competitive enough vs e.g. retail.

Staff often struggle to leave work on time or switch off mentally, leading to sleep issues and anxiety. Many are considering leaving the profession entirely for roles with better balance. A significant number live in poverty, with some relying on Universal Credit or unable to afford basic necessities like heating or clothing. [health.org.uk]. Promised reforms (like the Dilnot Commission's proposals) were shelved, leaving care workers and families financially vulnerable.

Need change, have been doing the job for many years. Hours and pay.

Staff struggle to run a car.

Underpaid, a lot of responsibility for little remuneration, increased fuel costs for drivers, feel deflated due to perceived lack of appreciation for social care workers.

Staff often leave the care sector due to a combination of low pay, high workload, and limited career progression. Many care workers feel undervalued despite the demanding nature of their roles, and they are increasingly drawn to other industries—such as retail or hospitality—where they can earn more for less emotionally and physically taxing work. The lack of recognition, insufficient support, and burnout also contribute to high turnover, making it difficult for providers to maintain a stable and experienced workforce.

They leave due to the travel time and having to require own transport.

Poor Pay.

Supermarkets can pay more.

Better pay elsewhere, e.g. supermarkets etc.

Due to the wage.

Low wages. Lack of appreciation. Undervalued. Poor reportage in the news. Bad image of the industry.

Changes to the international recruitment of care staff is going to have a huge impact. Care is not a financially rewarding career. No incentives unless wanting career progression or a stepping stone into further education. Often applicants have a poor work history and maybe have limitations in their own lives that prevents them from regularly attending work.

Money.

Unrealistic expectations surrounding working hours and travel between clients. Poor wage for type of work provided.

They are not necessarily leaving the care sector.

Low wage and especially in Dom care only paid for the call time, yet leave the house at 06:30 getting home late. A 2 hour break but still not paid for travel time.

Usually to move to a different type of job for better money.

Pay. Workload. Burnout.

Lack of a proper wage. No money to pay more.

Pay and recognition.

Low pay. Pressure of care with no funding or support.

Only 1 member of staff moved to teaching because it fitted in with school holidays and child-care. The others are still working in care. We all understand the pressures and the relatively low pay in the sector, I think that these present the 2 greatest reasons.

For better money, better home life balance, increased fuel costs but no increase in pay to cover it.

Lone working, unsociable hours, lack of childcare provision, mental health impact, retirement, career progression opportunities.

The blame culture, Long hours, high pressure demands from service users and family members, unreasonable demands from other professionals (medical/social workers/the community).

Low wages. High level of responsibility (Medication, Finances, Resident well-being – we are not a nursing home – ALD).

THEY GET PAID MUCH MORE AT ALDI OR LIDL. PLUS THEY DO NOT HAVE ALL THE RESPONSIBILITY.

None did but if they did it would have been for higher wages in other jobs.

Pay and the working hours (shift patterns).

Job has become more challenging and can earn more in other sectors.

Caring can be rewarding emotionally but it is certainly not financially. It is hard work and can involve early morning starts and late nights returning home. People receiving care require the service 365 days of the year and care staff have to deliver that care. There is also the added pressure of having to do extra when staff members are sick or on holiday, unlike other professions care cannot be postponed or left until the next day. I remember collecting my grandchildren from

primary school and asking an ex-member of staff how her new job was going, after her telling me it was going OK her small daughter added "and mommy doesn't have to work Christmas day now".

Low pay and pressured environment.

Left for better career prospects.

Several who left had moved further away. I dismissed 4. Rental availability in this area is very poor. No transport links here - staff have to be able to drive.

They are not committed to it as a career / they don't want to continue working. In some instances but I think below 50%, its wages. I think the core problem is that the sector does not attract people who want to stay in it all their working lives.

- 4.9 As requested by a local authority partner, we also asked care providers "What further actions do you think the councils can take to support care providers to reduce their staff turnover?", and the responses are set out below.

Charge rates that reflect the work being done... better pay rates to staff reduce staff turnover can only come from better charge rates being paid to providers.

Wage structure.

Provide higher fees so we can increase pay.

Increase rates so care companies can pay rates care workers deserve.

Very simple, increased rates are the only thing that would help. Or payments for travel.

Rural transport is important – several of our staff rely on the bus or train. If there were disruptions to this, we would lose staff.

Aside from increasing the payments in relation to social care looking at more innovate ways to support providers.

Increase hourly rate.

Offer higher payments to make the hourly rate more appealing, currently you can often earn more working in a supermarket without the stress.

Promote the value of the work in and the value of the sector. Celebrate the care sector, fund services better.

Supporting the move to RLW which creates better / more competitive rates vs other options.

Can help care providers reduce staff turnover by focusing on commissioning practices, funding, training, and working conditions.

There is nothing that the council could do to reduce my staff turnover.

Keep beds full, increase funding.

More tax reliefs for care sector workers, increased rates for antisocial hours, more benefits and incentives to help with cost of living – food, utilities, car etc.

Increase fees, subsidise training more, perks similar to those who work in NHS.

Councils should increase fee rates to enable care providers to offer competitive wages, improved benefits, and clear career development pathways. Many staff are leaving the sector for roles in retail or hospitality where they receive better pay and a more supportive work environment. Without adequate funding, providers struggle to retain skilled staff, which directly impacts the quality and continuity of care. Addressing this issue through fair fee rates is essential to stabilising the workforce and ensuring long-term sustainability.

They could be more transparent in letting providers know who to contact when invoices need resolving in payment or queries.

Pay providers more and pay them on time so they can invest in staff wages and training.

Supported training and opportunities to develop the work force and recognise people in the area.

Increase in funding to reflect in realistic wages. Full funding of training programs that shows how they are valued. Incentives for care workers.

Increased funding, longer care call times. Funded training.

Increase funding to allow us to increase our hourly rate.

Better rates of pay. Increment for use of own car.

Provide better transport outside normal working hours.

Pay properly.

Increase costs.

APPROPRIATE FUNDING. There is little else... We are the experts in delivering care and employing staff.

They need to pay for the service they receive and stop driving us down on fees and pushing resources to the limit.

Consistency/understanding/kindness/communication.

Recognise the levels of responsibility carers have, by paying for the fair cost of care.

GOING BACK TO GOOD OLD FASHIONED CARE. MAKING SURE THE STAFF ARE TREATED WELL, PAID PROPERLY FOR THE WORK THEY DO. MAKE THEM FEEL APPRECIATED. ACCEPT THAT WE ALL HAVE DIFFERING WAYS OF WORKING AND SEE THE REAL PICTURE OF WHAT CARERS ACTUALLY DO INSTEAD OF BEING THE FIRST TO BLAME THEM IF ANYTHING GOES WRONG. WE DO NOT GET THE BACK UP WE SHOULD GET FROM ANYONE. WE DO NOT HAVE THE JOINED UP WORKING WE WERE ALL PROMISED. WE ARE ONCE AGAIN THE BOTTOM OF THE PILE. IT MAY BE DIFFICULT WHEN DOCTORS AND NURSES GO ON STRIKE BUT BELIEVE ME IF ALL THE CARERS WENT ON STRIKE – THEN YOU WOULD KNOW IF WE WERE WORTH A PAYRISE OF SUBSTANCE OR NOT.

They could fund us well enough to be able to pay our workers at the same rates that the Council offer for theirs.

To support care providers in reducing staff turnover, councils should prioritise fee rate consistency across all placements. Ensuring that all local authority-funded customers are aligned with the current advertised fee rates is essential for financial sustainability and enables providers to invest in their workforce. Councils should also commit to regular, transparent fee reviews that reflect actual service delivery costs and market conditions. This would help providers plan more effectively, offer competitive pay, and retain skilled staff. Alongside this, investment in workforce development, recruitment support in remote areas, and collaborative workforce planning would further strengthen retention efforts.

Crystal ball! Everything is around take home pay. Help care providers by providing PPE free of charge as we have to include this cost from fees and we have to pay vat which we can't reclaim. All care providers should be vat exempt.

Be advocates for working in social care. Message to central government regarding changes to sponsorships, e.g. sponsored care rate is higher than company pay rates, narrowing that avenue of recruitment.

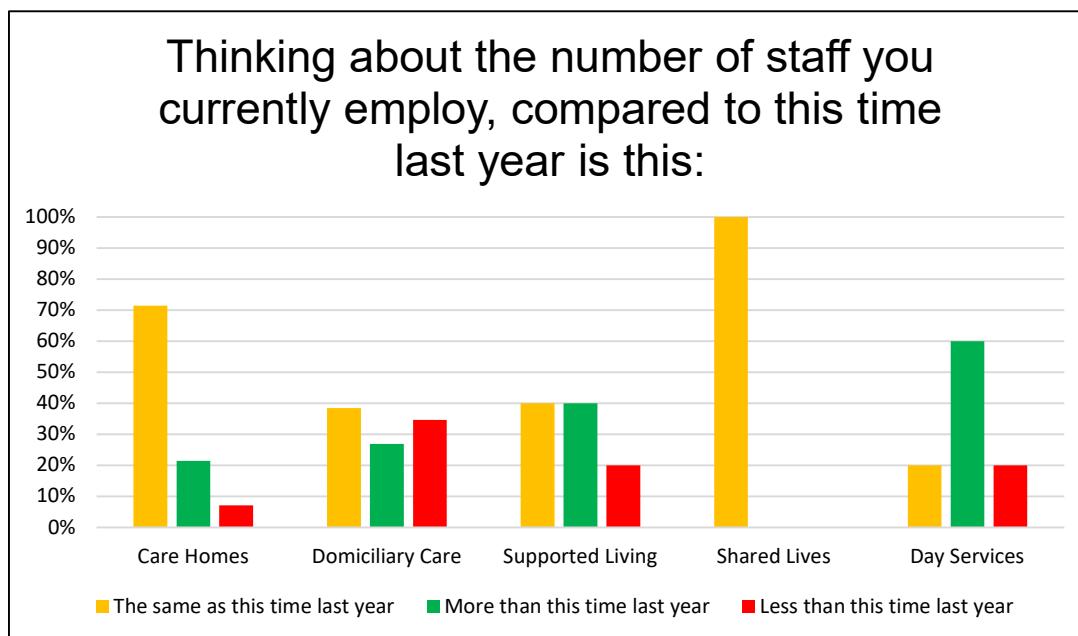
It really is as simple as providing realistic fees for us to provide realistic wages.

Local promotion of care careers, promote pathways, standardise social care salaries.

Offer accommodation for health workers which can be rented.

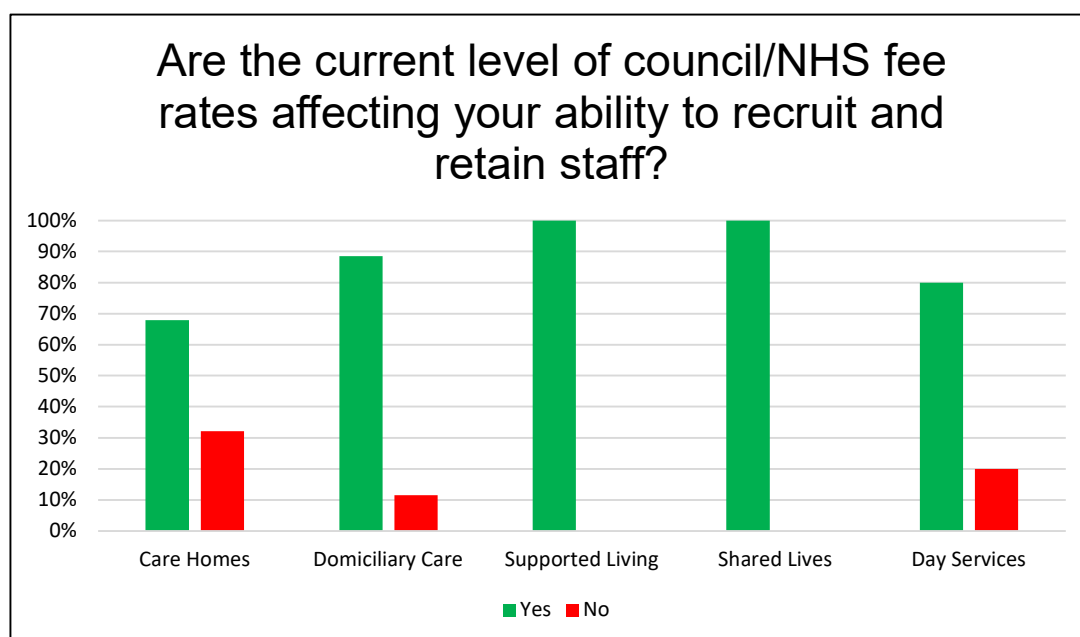
None because none of the issues are the Council's. even if they had the financial resources to allow wages to be increased , that needs to be a national action.

- 4.10 We asked “Thinking about the number of staff you currently employ, compared to this time last year is this the same as this time last year, more than this time last year or less than this time last year?”. One-fifth (20%) of respondents stated that they are employing less staff than this time last year, a decrease from 32% in the previous survey in October 2024, with over a third (35%) of domiciliary care providers stating that they now employ less staff than a year ago.

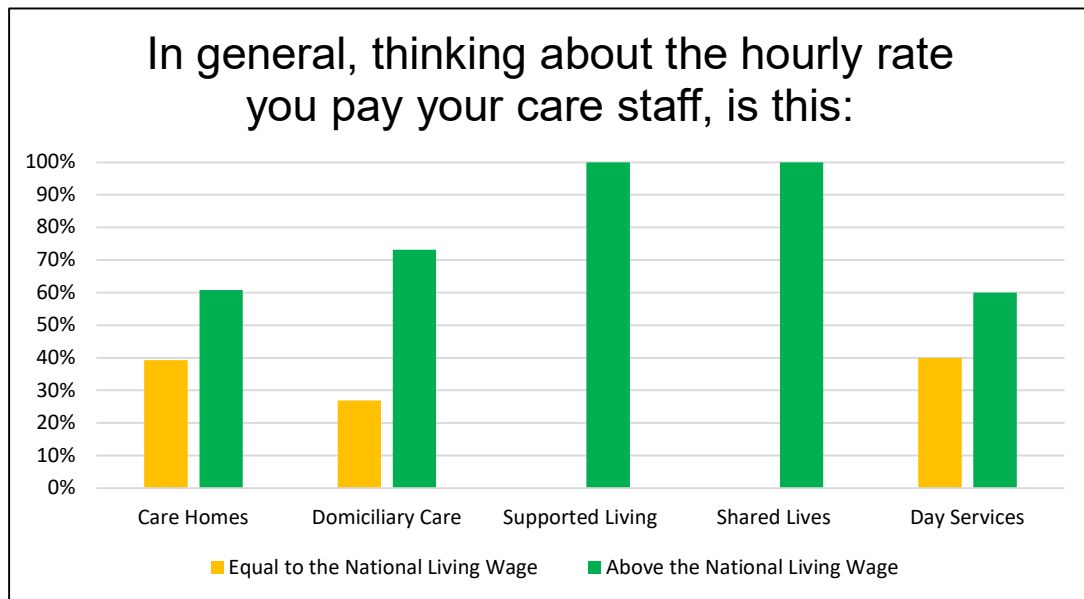


4.11 As requested by a local authority partner, we asked “What percentage of your total staff have a care worker visa under the Health and Care Worker visa route?”. 48 respondents answered this question and the average percentage stated was 21.5%.

4.12 We asked if the current level of council/NHS fee rates are affecting providers’ ability to recruit and retain staff. Nearly three-quarters (74%) of respondents stated that the current level of council/NHS fee rates are affecting their ability to recruit and retain staff, the same percentage as in the previous survey in October 2024, with 89% of domiciliary care providers stating that this is the case.

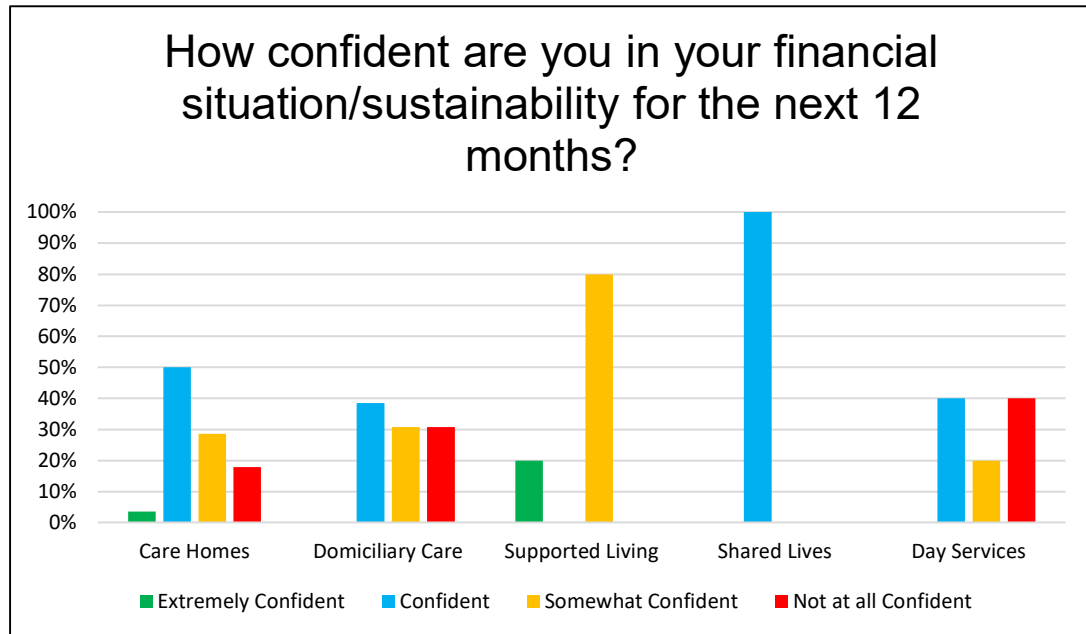


4.13 We asked “In general, thinking about the hourly rate you pay your care staff, is this equal to or above the National Living Wage (NLW)?”. Whilst two-thirds (68%) of respondents are already paying above the NLW this is a significant decrease from 78% in October 2024. The percentage of care home and domiciliary care providers paying above the National Living Wage have both decreased compared to October 2024, from 78% and 82% to 61% and 73% respectively. This is a significant change which no doubt stems from care providers’ increased staffing costs due to the increase in the NLW and employers National Insurance Contributions (NIC) from April 2025 as a result of the 2024 Autumn Budget. This will impact the ability of care providers to recruit and retain staff, as well as the living standards of care staff.



4.14 We asked how confident care providers are in their financial situation/sustainability for the next 12 months. Confidence has decreased slightly over the past 12 months, with only 5% of respondents feeling extremely confident compared to 6% in October 2024. However, the proportion of respondents feeling not confident at all has also decreased slightly from 26% in October 2024 to 23% in October 2025.

4.15 The level of confidence is lower amongst domiciliary care providers with nearly one in three (31%) feeling not at all confident – a slight increase from 29% in October 2024 – compared to 18% of care home providers – a slight decrease from 22% in October 2024.



4.16 We can see from comments received for this question there is still significant concern for the future.

It's tough, but as CEO my job is to ensure we have multiple funding outlets so we can maintain competitive, and solvent.

We are well established as a high quality private care provider and I am confident we will be able to focus more in this area.

Especially as we feel that we deserve to have the suspension lifted in the very near future.

We 'break even' as 30 beds filled – aiming to run at 33-35 occupancy.

Concern over the upcoming budget and effects of any tax changes and of course the inevitable increase in NMW. Any increase in employers NI, income tax or corporation tax will affect financial stability of not just us but the whole economy.

We are really going to struggle to survive all this over the next couple of years.

Dependant on budget outcomes, tax rises or requirements on employers or council / ICB uplifts not matching cost increases.

We are hoping to get tenders soon, maybe that would help us financially.

Especially given proposed NMW increases.

The expenditure has increased and appears to be continuing for the foreseeable future.

The following 12 months is harder to gauge.

The way things are going, we do not see any way for us to continue with the low number of calls and the increased cost of wages and taxes.

The trajectory shows a bleak future in terms funding with relation to quality care delivery.

As an independent home increasing costs utilities/insurance / software as well as rising wage costs and NI contributions are becoming unprecedented. Providers will have no choice but to look at staffing levels subsequently running the risk of unsafe staffing levels. Placements are a lot more complex and typically people with acute medical needs are being placed in nursing homes. People at end of life are being placed in nursing homes. This requires a skilled work force and training could also be impacted should care homes continue to struggle financially.

We are having 10 more dementia beds built. There is a lot of demand for these beds.

If costs of care continue to rise have done last few years – fees would need to increase significantly – not at all confident in the whole social care sector being financially sustainable without significant government funding.

It is concerning if rates remain as low as they are and the size of package keep being reduced in terms of hours if care per day. Our input re care plans, managing the package are the same regardless of care hours delivered. Those packages are just not viable for us and so our private market needs to increase significantly over the next 12 months.

The current funding against the actual level of support needed for or residents is not sustainable. I am not confident in our financial sustainability for the next 12 months due to several key concerns. Many existing placements are still funded at historic rates that do not reflect current market fees, particularly for learning disabilities care homes. Despite percentage uplifts, these rates remain significantly below published benchmarks, which is impacting financial viability. Without a meaningful uplift in fees for 2026/27, some services are projected to operate at a financial loss. This will be a critical factor in budget planning and may lead to difficult decisions, including the potential hand-back of contracts. The uncertainty around future funding levels and the increasing cost pressures make it challenging to plan with confidence.

We have lost money each month since April 2025. There is no help or support to sustain and build care businesses. We can't continue like this. If we are to continue we will, as a CQC outstanding provider, only do the job properly.

Budgets are closely monitored and forecasts adjusted to changing trends as needed.

If income equals the same expenditure then any added costs is enough to tip a company over the edge. Ernest Hemingway Quote "How did you go bankrupt?" Two ways. Gradually, then suddenly.

We will need to make organisational changes to be leaner if we don't receive an uplift from the local authority.

4.17 We asked care providers if there is any other non-financial support from the councils and/or Partners in Care that would benefit them. Responses are set out below.

No – just pay rates that reflect the work!

Subsidised training is always welcome.

Help advertising for volunteers.

No.

No that I can think of.

Already receiving good support.

Not sure.

Continued training offers have been of great help.

Ongoing training support.

Your training is excellent and I hope we can retain it.

Not that I can think of.

We need to get service users in order for our business to remain registered.

Non-financial support such as workforce development, quality improvement resources, and target support.

None as I know of.

Training is always a useful support. Digital training.

Quicker review and decision making on fee negotiations, 8 months and still waiting, all the while our reserves are being depleted, and if successful they won't backdate. It feels like they're purposely not deciding to get to April 2026 so they don't have to pay. Support with information about other council grants – e.g. environmental upgrades and maintenance for building.

Help with implementing digital care records and other tech solutions. Support with CQC inspection preparation and action planning. Engage with providers when accessing service provision Support digital inclusion projects that help providers access and deliver services more efficiently.

Free / low cost training always help.

Yes, additional non-financial support from councils and Partners in Care would be highly beneficial. Recruiting local staff continues to be extremely difficult, and although we have sponsorship capability (COS), we are unable to obtain new Certificates of Sponsorship due to not having a formal contract with the council. We currently employ two care staff on COS, and without council support or assurance to help us secure contracts, we are unable to expand our international recruitment efforts. Assistance in navigating this process or facilitating access to council contracts would make a significant difference in sustaining our workforce.

If there can be more transparency in how to gain access to other care services and what avenues to use to be able to access these services would greatly assist. Also re-iterate we need help when chasing invoices as the emails go unanswered for weeks delaying payments of invoices.

Unknown at present.

Reassessment in a timely manner. Establishing good communication links for the smooth transfer of information between doctors surgeries, hospitals and care homes.

There are a lot of extra things that are necessary to run a good business and much of this is provided by Partners In Care and the LA. Training / Meetings & Discussion / Introductions (particularly to trusted suppliers) / support in times of difficulty / Social Workers etc. Without these the businesses and sectors would be all the poorer. We have benefitted from equipment trials through the LA (something we would not have afforded without grants), but which are for the benefit of our clients and staff.

Just generally keep us informed of changes and legislation and more engagement sessions with ICB's and Local Authorities.

We need to look at ways to speed up the on-boarding of new starters - access to more frequent training courses (especially moving & handling), quicker DBS turnaround, central care worker database to make references quicker to obtain - we lost three new recruits this year due to on-boarding delays that were out of our control. I recognise that some of these are central government issues, or factors outside of the control of the LA.

Grants for new IT.

Advice and guidance.

To be on a level playing field with workers employed by Shropshire Council. For Shropshire Council to continue to audit packages of care in a timely way.

Ensuring fee rate consistency across all placements and committing to regular fee reviews would help create a more stable and predictable operating environment, even beyond direct financial contributions.

Grants for training. We have actively supported learning and NVQ qualifications. However we cannot claim for apprenticeship courses now only diplomas. Skills for Care and CQC requirements change weekly and we are expected to cover all these costs within the fee paid.

Having a clear list of contacts within the Councils and escalation levels for resolving payment queries and funding queries.

I think that meeting us and allow us to air our grievances would be good but they don't want that because they can't do anything about it.

Free/subsidised training. Recruitment events and pathways.

N/A.

- 4.18 We asked domiciliary care providers if there are any geographical areas within Shropshire, Telford & Wrekin, Cheshire East or Cheshire West and Chester where they currently have capacity to deliver care but are unable to do so due to it being financially unviable based on current fee rates. 12 domiciliary care providers stated that this was the case and details will be shared separately with the local authorities.

5. Comments from care providers on the effect fee rates have on their staffing levels and other aspects of the care and services they provide

- 5.1 We asked care providers to describe what effect current fee rates have on their staffing levels and other aspects of the care and services they provide. Again, we received a significant number of comments to this question, giving a stark insight into the challenges that care providers in Shropshire, Telford & Wrekin, Cheshire East and Cheshire West and Chester are currently facing. The extensive feedback provided is set out below:

Poor charge rates directly impact what we can pay staff... so when staff are struggling with rising costs of living, they are always looking for where they can be paid better... I don't think most care staff do this work because it's a calling... it's a job, they do it to feed their families, and if hospitality or retail pay better, then many would jump!

We cannot pay people enough to keep them happy and working in care.

The fees paid cap the amount we can pay.

Because the rates are lower, this means we have to limit the amount of work we do with the LA or CHC. This sometimes results in less work available when needed.

More income (more residents) would enable more investment in improvements, although over £50,000.00p and a lot of hard work has already enabled considerable improvements already, this year.

I do not take council rates to ensure I can pay and fair wages and maintain a good service. If clients run out of money and become funded by council we negotiate a fee higher than council rate or third part top up.

Predominantly on turnover of staff and additional training and career opportunities for staff in relation to offering things like management development pathways and upskilling for the future.

Whilst acknowledging the financial constraints Councils are under and increased hourly rate would make it easier to retain staff as this increase would be passed onto the staff.

Struggling to pay not just care staff but office staff too, many only just over NMW now.

Council rates have a knock-on effect on what we can pay our staff.

Because councils are the main funders of social care, the fees they pay providers directly affect what wages providers can offer.

Recruit no but retain yes. Our biggest cost is staff and wages. Rates need to be higher to properly remunerate staff. This in turn helps staff retention, which reduces recruitment costs, and most importantly provides a better, more consistent service for our residents.

NHS fee rate is higher due to the nature of the care and support delivered our NHS clients are mainly palliative care so staff are able to have a yearly bonus as the rate charged is higher.

We would have access to a larger pool of candidates if we were able to pay higher rates. With increased skills and knowledge.

Not competitive enough against other private care companies and other industries.

As a small company it proves some difficulty when pay increases occur.

Our Day Opportunities for adults with learning difficulties would not exist without Council fees. Last year our block contract came to an end and we started a spot contract provision. We had to charge higher rates due to the uncertainty of spot contracts.

Difficult to attract carers when they can earn more in a supermarket for less responsibility and without the stress of driving around all day.

Council and NHS fee rates have a direct and significant impact on our staffing levels and the quality of care we can provide. When fee rates are insufficient to cover actual operating costs, we are unable to offer competitive wages, which leads to higher staff turnover as employees leave for better-paying roles in other sectors. This instability affects continuity of care, increases recruitment and training costs, and places additional pressure on remaining staff. Limited funding also restricts our ability to invest in staff development, improve facilities, and enhance the overall standard of services we deliver.

We cannot see how we can attract more care workers with the low level of fees – we also cannot see what the brokerage are doing about those providers that bid well below the minimum threshold.

Lower fee rates = lower wages and less people.

Low fee's unable to pay more.

Unable to meet the proposed wage rate by staff. Timely purchasing of goods. Continues decoration of the home.

Not able to pay a fair rate.

We would be able to offer a higher hourly rate than we are able to now.

British staff do not apply for jobs and there is a huge cost implication to employing overseas workers.

Unable to pay over NMW to care staff. Unable to give pay rise to staff in other roles above NMW.

Poor wage for skill. More money working in a supermarket. Absolute disgrace. Government should hang their heads in shame.

This is the main reason as this affects all of our costs but the biggest one is what we pay our staff directly.

Unable to get residents into empty beds meaning less staff needed and when more residents are in the home and more staff needed it is that hard to recruit quickly. Placements are too up and down and not consistent one week we will have 2 accepted and can then go months with nothing.

More income gives you more choices – pay more, increase staffing levels etc. We have had years where we have had to watch the numbers so carefully, and 'load' the private clients to subsidise the LA funded clients. If the LA were to match our private rates then the opportunity to pay more or give out bonuses becomes a real option. Every care home is only as good as its leadership and its staff and it is difficult when you can't compete with the NHS, the Local Authority's own pay rates, or even the local supermarket. The job is VERY personally responsible and yet remains low paid. The solution isn't for Govt to tell us to pay more, it is for Govt to allocate fund appropriately so that we can pay more - we have seen enough businesses go bust! It starts with Wes Streeting recognising (and listening) to the experts that say he can't just talk about NHS without recognising that Social Care is part of the solution!!! Sorry, I'll stop now!

As we pay over the NLW it is becoming harder to achieve this with the fees paid to us.

If we were solely reliant on LA/NHS fees we would not be able to recruit individuals who are new to the care sector - when factoring in the costs/times for DBS, induction, mandatory training, shadow shifts, additional training, supervisions and reviews, it adds up to around £1300. Given the average number of hours UK care workers work per week is around 19, and allowing for hourly pay, travel time, holiday pay, pension contributions, mileage reimbursement, and contribution towards over heads, it would take around 750 hours at LA rates to break even on recruiting each new staff member, and break-even would only be achieved after 39 weeks of continuous employment.

If the council recognised and provided an uplift in the fees for travel time, out of hours, weekends and bank holiday. This would be a huge help.

The low level of income from Shropshire Council impacts on the budget, therefore restricts the ability to recruit.

PAY US A DECENT AMOUNT PER HOUR. STOP TRYING TO MAKE EVERYONE FALL INTO A DIGITAL HOLE. WE HAVE LITTLE OR NO INTERNET IN OUR RURAL AREAS AND IT WON'T WORK.

We cannot compete with other sectors even the Council support workers. They have reduced our payment for some packages means that we are considering handing them back. We are continuing to charge at a higher rate for new package to compensate for lower paid packages.

The current level of council and NHS fee rates is directly affecting our ability to recruit and retain staff. The fees do not adequately reflect the true cost of delivering care, particularly in the context of rising operational expenses and workforce pressures. This financial constraint limits our capacity to offer competitive pay and invest in staff development, which in turn impacts recruitment and retention. It also requires us to continually review and adapt staffing models to remain viable, often leading to difficult decisions around service delivery and workforce structure. A more consistent and realistic fee structure, aligned with advertised rates and subject to regular review, would significantly improve our ability to maintain a stable and skilled workforce.

Balancing the books to do a good job, keep people in work so they can afford to pay their bills, be in a position where we are in debt. This business is not a joy, it's becoming too challenging from every aspect. Would we do it again-never.

Reducing levels of staffing, training, staff incentives because of lack of finance is bound to affect the quality of care delivered, in one way or another.

We can't pay them the hourly wage that their deserve as we are not paid enough for our services from the councils.

We would like to pay more but hourly rates limit our ability to do so.

Wages rates.

6. Points that providers would like raised with the councils on their behalf

6.1 Finally, care providers who responded to the survey have provided the following points they would like to have raised with the councils on their behalf by Partners in Care:

If they want people to remain in care, they need to pay accordingly. Care has almost zero barriers to entry for staff, save an induction course. If its ever going to raise standards it needs to be professionalised, but that a cultural shift, and will take years...if ever! but better pay rates will help staff retention. We need to change the language around things like zero hours contracts... the contracts are not exploitative, its unscrupulous providers that use them to meet their own ends. We have many staff on zero hours AT THEIR CHOICE... they want to have the flexibility to work for multiple organisations, many staff just work for the highest payer that week.

In all fairness I do not think this survey applies to us.

Increase fee rates by around 15%.

Just that to provide high quality care, it costs money and time of Care Professionals to deliver that support. Although this might seem like a high cost, it actually saves the NHS a fortune with reduced hospital admissions and care needing to be provided by the NHS.

Insist that any contracts on brokerage are given fairly and not to favoured providers or poor providers.

Ultimately any negotiation regarding fees have to take account of the overall social care budget available to the council . This is set by the Treasury and so pressure needs to be applied to them to ensure appropriate funds are made available to the Councils.

Consider travel time and fuel. Higher price for 30 minute/45 minute calls and not an hourly rate divisible by 4 due to travel expense. Other care providers need monitoring as we feel It's wrong that our carers have identified them leaving after 12 minutes, we have also had new staff who have told us that their last company if they were meant to finish at 10pm, they would be home by 8.30!

Please consider the VCS sector as well. we have exactly the same costs pressures, donations are down by 50% nationally. Lots of charities are having to make very difficult decisions now.

Increasing fee rates is not about putting money in directors/owners back pockets. It isn't to make more profit. It is it reinvest back into our staff teams and into our services and premises. It is imperative the fee rates are increased to a level that allows us to continue to improve our care services moving forward.

A higher fee rate will always be welcomed to ensure our staff are highly trained and rewarded for the hard work we do daily.

Quicker review and decision making on fee negotiations, 8 months and still waiting, all the while our reserves are being depleted, and if successful they won't backdate. It feels like they're purposely not deciding to get to April 2026 so they don't have to pay. Support with information about other council grants – e.g. environmental upgrades and maintenance for building.

There is no doubt that reform is needed quickly to support people using care services currently, as well as preparing better care for future users. Use integrated commissioning models to ensure services are person-centred and outcome-focused.

Please do not forget day services. They are important in increasing and maintaining independence and keeping people at home.

Uncertainty for international recruits who will be affected by the +5 year route for indefinite leave. They feel like they are in a state of limbo waiting for a decision from Home Office. The time it takes to be issues more sponsorship certificates to recruit displaced carers already in the country. Waiting over 6 months in some cases when we could offering said people employment right now.

Please emphasise that current fee rates do not cover our actual operating costs, leaving us with a narrow margin or even a loss. We are committed to maintaining high-quality care, but without fair and sustainable funding, this becomes increasingly difficult. Rising costs – especially in staffing, insurance, energy, and recruitment—are putting immense pressure on our services. We urge councils to increase fee rates to reflect the true cost of care, so we can offer competitive wages, retain skilled staff, and continue to meet the needs of our communities. Additionally, we ask for support in securing contracts that would enable us to access Certificates of Sponsorship (COS) for international recruitment. Local recruitment is extremely challenging, and without council backing, we are unable to expand our workforce through COS despite having the infrastructure in place.

The duration of calls needs to be addressed, the payment of invoices and query resolution process as well as how do they deal with lower than minimum fee levels bid by other providers. Also is there a premium for specialist services such as end of life and palliative care.

Higher fees. Incentives to care staff. Whole funding of essential trainings especially the mandatory ones.

They need to be more realistic of nursing home charges.

Can I use this box to refer to Qu 36 (no comments box provided). Taking each point in turn: Give protection against unfair dismissal from day one, while allowing employers to operate probation periods. There needs to be guidance on acceptable probation periods – 1 month / 3 months / 6 months / 2 years ?! Establish parental and bereavement leave from day one – I believe this is unpaid? 'Bereavement' needs a formal definition (2nd cousin twice removed?) Parental Leave also need defining – child care being a particular issue. It is open to abuse by the employee. End exploitative zero hour contracts – ALL 'exploitive' contacts should be abolished however I do not accept that all 'zero hours' contracts are exploitative – many work well for the employee as well as the employer (dom care). End unscrupulous practices of fire and rehire and fire and replace – Agreed. Make flexible working the norm where practical – Very difficult – especially if this is including 'working from home'. Deliver stronger dismissal protections for pregnant women and new mothers – I think they are pretty strong now. Establish a new Fair Work Agency with new powers to enforce holiday pay – ????. Strengthen statutory sick pay – This will be the biggest financial impact on costs in my opinion – talk about SSP from day 1 will be seen as an opportunity to take time off on a whim. I believe it will have a very damaging impact on all industries and

across all sectors and will encourage people to fraudulently declare sickness as they won't have to wait for 3 days before pay (if I understand it correctly).

To consider the needs of the Client's in terms of the hours if support they are prescribing and whether they truly meet the needs of the client. It would appear that packages are being reviewed with a view to reducing the hours rather than reviewing the actual needs. Practices appear not to support the Care Act and the authorities really need to be challenged around this more, the level of reducing care is in our opinion detrimental to people and not in the best interest of the client and their families. If the market were to say and this is bold, we will not as providers deliver care for anything under x per hour' then the ICB's and LA's would have to increase their rate to providers. How can we be dictated to about we will be paid as opposed to what we charge for our services?

Allow the local providers to win tenders within their own areas, instead of bring in outside providers.

Compulsory annual reviews for residents by ASC.

We would like to ask what progress is being made with regard to future contracts as we are currently in a one year extension. It is difficult to plan for the future when the terms remain unknown going forward.

Please highlight the need for fee rate consistency, ensuring all placements are aligned with current advertised rates. Regular fee reviews are essential to reflect rising costs and support workforce stability. Current fee levels impact our ability to recruit, retain staff, and maintain financial viability, especially with increasing operational pressures and legislative changes.

Look at what it really costs to deliver care and consultation with us is vital. Don't insult us with 'we don't have the funds'. Get central government to help. If they can find £1.5 billion for JLR I'm sure they can fund our aging population better. Thank you.

Wages account for over 80% of our costs and the increase in the National Living Wage increases our costs proportionately i.e. Employees National Insurance, Holiday Pay, Pension contributions. Ideally I would be happy if we at least got a guarantee that we will receive a fees increase at the same percentage as the National Living Wage rise. It would be some assurance that the chances of business survival would be similar to the year before. Like a wage rise in line with inflation, the person receiving the rise should theoretically be no worse off financially.

We are rightly required to provide very person centred care. The variation in needs between residents is increasing as overall needs increase. Fees therefore need to be varied person by person. They cannot make the assumption that one lower needs resident balances out a higher needs one. They cannot have a one-size fits all fee policy and banding doesn't work.

7. Thanks and further information

- 7.1 Partners in Care would like to thank our members who took the time to respond to this year's fee survey.
- 7.2 For further information on the fee survey results please contact David Crosby, Chief Officer at Partners in Care, at david.crosby@partnersincare.org.uk.

Partners in Care
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