

NHS Highland



Meeting: Highland Health and Social Care Committee
Meeting date: 27 April 2022
Title: 2022/23 Adult Social Care Fee and Contract Recommendations
Responsible Executive/Non-Executive: Louise Bussell, Chief Officer
Report Author: Matt Smith, Senior Contracts Officer;
 Gavin Gilray, Finance Manager

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion
- Decision

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X X
Other (please explain below)			

2 Report summary

2.1 Situation

The majority of Adult Social Care commissioned service contractual arrangements are single year arrangements which are put in place and reviewed annually. The primary reason around this approach is due to the linked impact and dependency of national alignment and instruction, which in themselves, are single year arrangements.

As a result of this, most Adult Social Care contracts expire on either 31 March 2022 (non-residential), or 10 April 2022 (care homes). New contractual arrangements including fee rates need to be agreed for the 2022-23 financial year.

This report makes recommendations for Adult Social Care fee rates for 2022-23.

The Highland Health and Social Care Committee is asked to discuss the recommendations, consider the implications, and agree the recommendations.

2.2 Background

The Health and Social Care Committee is reminded of previous reports, which advised of the way in which fees for adult social care are considered and planned for, and how the contracts / business support team are provided with direction to undertake negotiations and transactions with care providers.

NHS Highland contracts with care providers, paying agreed fees for the care services provided. Depending on circumstances, these fees are either *standard* fees or *non-standard* fees which recognise a specialist service which usually manages a level of complexity.

The ASC Fees – Commissioning, Briefing and Instruction Meeting (Fees Group) was established in 2017 as an operational group to ensure consistency of approach across the North Highland Partnership area.

The role and remit of this group has been under recent reconsideration in terms of role, remit and governance, most recently at the Health and Social Care Committee of 2 March 2022, at which it was agreed:

- a) to stand up a full meeting of the H&SCC to consider fee and contract arrangements for 2022-2023, or if unable to secure a quorate date, to mandate the Chief Officer and Director of Finance, in consultation with the Chair, to agree fee and contract arrangements where these are aligned to Scottish Government direction and can be contained within the financial plan.
- b) the Chair would hold a follow up meeting with Officers to review and finalise the role, remit and governance arrangements for agreement either at the single item meeting if stood up or failing which a future meeting of the Committee.

In the meantime, and in order to progress time sensitive fee and contract arrangements, the Fees Group will continue to consider and make fee and contract recommendations, as per its currently agreed remit.

This report now proceeds to provide an overview of the process and background to each fee rate category and a fee and contract recommendation for each fee rate category in respect of 2022-2023.

2.3 Scope, Scale and Previous Years Approach

There are 214 contracts for adult social care services in Highland, 124 for individual placements outwith Highland, and 712 Self Directed Support packages. Total commissioned spend was expected to be £113.49m in 2021-22.

Scottish Government Funding and Policy

Since 2019, the Scottish Government (SG) has mandated the fee uplifts to be given to social care providers. The 2021-2022 continued that pattern, but with an additional mid-year uplift mandated by SG in December 2021 in response to staffing challenges in the social care sector. This uplift required the payment of a minimum salary of £10.02/hr for care staff, up from the Scottish Living Wage level of £9.50/hr in April 2021. Together with the funding, SG outlined a methodology for assigning varying percentages to salary cost drivers to derive fee increases.

Additionally, NHS Highland opted to use additional SG Winter Planning funds specifically for additional care at home / community based capacity, to bring forward the implementation of the SG stated policy for care staff to receive £10.50/hr from 1 December 2021. This was considered necessary to sustain provision over the winter, and was approved by the Chief Officer and Director of Finance.

Care Homes (NCHC) – 39 contracts, £35.75m, 31.5% of commissioned spend

These follow the National Care Home Contract (NCHC) for older people, negotiated nationally by COSLA / Scotland Excel with Scottish Care, via an agreed mandate from COSLA Leaders. Highland has adopted the NCHC since it was implemented in 2006. All Local Authorities and Boards across Scotland have thus far adopted the NCHC since its commencement, although in recent years various Local Authorities / Boards have been on the verge of withdrawal due to different local commissioning and financial contexts. A further increase was applied in December 2021 to enable the SG uplift to £10.02 per hour minimum direct care staff pay.

Care Homes (Standard) – 5 contracts, £1.59m, 1.4% of commissioned spend

In 2017-2018, NHS Highland equalised all standard care home fees for other client groups (learning disability, mental health etc) to NCHC residential and nursing rates. This equalisation approach has continued and currently, a single rate now applies to all NCHC and standard care home placements, so also received the SG December uplift.

Care Homes (Non-Standard) – 10 contracts, £9.02m, 7.95%

There are a number of non-standard care home contracts in place. These contracts are for specialist services delivering complex care in care homes, for which there are non-standard service specifications. These also now follow the NCHC fee approach, so received the SG December uplift.

Care Home ACCs (1:1s) NCHC and Other – 37 cases, £703k, 0.62%

The National Care Home Contract permits the provision of Additional Care Charges (ACCs) for increased needs of residents in care homes. There is a process in place to support the availability and approval of these arrangements. This hourly charge has increased annually to take account of requirements for Living Wage payments to care staff. These have also previously received the NCHC percentage uplift.

Care at Home – 22 contracts, £14.53m, 12.8%

A tariff for the commissioning of care at home services has been in place since May 2015. This pricing model (called the Highland Pricing Model) is based upon the UK Home Care Association (UKHCA) cost driver model and includes rates for Urban, Rural and Remote locations. The current contract ends on 31 March 2022 and agreement has been received from the Chief Officer to extend the current arrangements by 6 months to 30 September 2022.

This area of activity also received a SG December uplift, and in addition also a further uplift from NHS Highland's Winter Planning funding to take care staff wages to £10.50/hr.

Housing Support; Support; Support (Non-Standard) – 43 contracts - £25.23m, 22.23%

A standard rate is in place for the delivery of housing support and support services. Historically these rates have received an inflationary uplift, but these increased in December 2021 to meet the Scottish Government's salary requirements for direct care staff, and increased again with Winter Planning funding to pay staff £10.50/hr. Non-standard rates were also increased by these amounts where existing arrangements or tendered contracts did not already contain this salary requirement.

Short Breaks (Home Based Respite) – 2 contracts - £822k, 0.72%

Home based respite care is currently delivered by two providers across Highland – one provider delivers this service in Skye, and the other across the remainder of Highland. Both contracts are structured in a similar fashion to Care at Home with rates for urban, rural and remote postcodes, but for uplifts are aligned to the support services. This area of activity has received both the SG and Winter Planning uplifts.

Short Breaks and Intermediate Care (Residential Respite and flexible use care home beds) – 3 contracts, £172k, 0.15%

NHS Highland block purchases two residential respite beds for planned respite care for exclusive use by NHS Highland, on behalf of carers. All bookings are made via a single point of contact within the NHS Highland who coordinates bookings and optimises occupancy. Whilst respite breaks were paused under Covid, the contracts remained in place in accordance with SG directions for Supplier Relief. There are also two intermediate or Step up/down beds in care homes to either prevent hospital admission or aid discharge. These are aligned to the NCHC uplifts, so received the SG December uplift percentage applicable to the NCHC.

Third Sector Service Delivery Contracts / Discretionary Grant – 50 contracts / agreements, £2.22m, 1.95%.

Third Sector activity is governed by the Third Sector Project Board. For current (2021-2022) commissioning activity, a report was presented to the Highland Health and Social Care Committee on 7 October 2020 for information and endorsement of a decision that was made by the Third Sector Project Board on 10 September 2020, regarding contracts over £50k currently purchased from the Third Sector.

At the meeting on 7 October 2020, the Highland Health and Social Care Committee endorsed the decision of the Third Sector Project Board to extend these Adult Social Care contracts currently purchased from the Third Sector for one year i.e. 1 April 2021 to 31 March 2022, at current funding levels and subject to sustained activity levels. This decision was on the basis of SG pandemic procurement policy guidance.

On 2 March 2022, the committee noted a Third Sector Project Board meeting taking place in March 2022 will consider the 2022-2023 fee and contract arrangements and agreed that this Board will thereafter either report to the specially convened single item H&SCC or the next H&SCC on 27 April 2022 for approval.

For information, the H&SCC Chair further requested a more detailed report for 27 April 2022 in terms of a third sector status update.

Day Care Block – 10 contracts, £1.61m, 1.42%

There are 10 providers delivering registered day care services under a block contract. It is normal practice for these to receive an inflationary uplift, but these also received the SG mandated uplift for residential services in December 2021.

Day Care Spot – 2 contracts, £77.5k, 0.07%

There are 2 care home providers delivering registered day care services under a spot purchase contract. These usually receive the uplift applicable to care homes, and in December also received the SG mandated residential uplift.

Out of Area – 124 contracts, £5.07m, 4.47%

There are a large number of placements made outwith Highland, for whom ordinary residence and financial responsibility rests with NHS Highland. In these situations, it is recognised practice to adopt the host commissioner's fee rate and any increase is up to a threshold of NHS rate / increase.

2.4 Current Position / Status / Known Instruction

Scottish Government Funding and Policy

Following Scottish Government budget announcements for 2022/23, where SG stated new requirements for care staff salaries of £10.50/hr from 1 April 2022, and following discussion with the sector, NHS Highland used part of the Winter Planning funding from SG for additional care at home / community capacity, to bring forward and further raise contracted rates for non-residential services, in order that salaries for care staff of £10.50/hr could be paid from 1 December 2021.

It should be noted that SG mandates linking to the Living Wage or above pertain only to registered services. There have been discussions regarding requesting non-registered care services to pay the Scottish Living Wage, but this has not been funded and therefore has not been included in any of the proposed recommendations.

NCHC and Residential Services

It is NHS Highland's usual policy to follow the NCHC uplifts, and to apply this percentage uplift to all care homes, although this settlement is usually not received until late April, this year we have now received confirmation from COSLA of the agreed settlement.

2.5 Fees and Contract Proposal

As noted above, fee setting is dependent on clarification and confirmation from SG / COSLA on NCHC arrangements and also on any SG advised increases to apply.

In terms of 2022-23 preparation, the Fees Group on 10 March 2022 received and considered two COSLA papers which described the SG suggested approach for 2022-23 - one on the National Care Home Contract (NCHC) negotiations, and one on National Insurance (NI) increases. These papers set out the requested mandate and latest position, but did not provide a final position for action.

Since the meeting on 10 March 2022, a communication was received from Scottish Government on 25 March 2022, confirming arrangements for the 2022-2023 adult social care staff pay award and National Insurance matters. This is set out at **Appendix 1**.

On 5 April 2022, confirmation was received from COSLA that agreement had been reached regarding the NCHC settlement. This is also included at **Appendix 1**.

The following sets out the recommendations from the Fees Group for the Committee consideration, aligned to the Scottish Government and COSLA positions, and also aligned to approaches in previous years, with a view to enabling a further and final consideration of the agreed recommendations.

In line with the current financial year (2021-2022), it is proposed that all existing contracts for Adult Social Care services which end on 31 March 2022 or 10 April 2022 be extended by one year to either 31 March 2023 (non-residential) or 9 April 2023 (care homes).

The fees proposal, detailed at **Appendices 2 and 3**, has three elements, as follows:

1) **Raising care workers' salaries to £10.50/hr.**

The 'Implementation of the SG £10.50ph for care workers' column shows the estimated cost of increasing pay levels from £9.50 including the increase in NI contributions. The national weightings for the £10.50 uplift have been increased for this year to take into consideration the increase in eNICs. The revised percentages are below:

- a. Residential care – uplift applied to 71.8% of full contract value
- b. Non-residential – uplift applied to 86.9% of full contract value
- c. Personal Assistants – uplift applied to 90% of SDS Option 1 budgets

2) **Implementing the SG/COSLA NCHC agreement.**

The 'Cost of Residential Recommendation' shows the estimated additional cost of increasing residential fee rates by a total of 5.5%.

3) **Aligning non-salary cost increases to match salary increases.**

Whilst this is beyond the stated SG expectation, it is considered necessary to cover the increased costs of delivering the services. The 'Cost of Non-Residential Recommendation' shows the estimated additional cost of also increasing non-staff costs. In 2020/21 and 2021/22 fee rates were increased, by 3.3% and 2.2% respectively, in line with the SG instruction. The rationale for the 2022/23 proposals are shown below:-

- **Care at Home** – When the rates were increased, during 2021/22, to reflect the cost of increasing minimum hourly salaries from £9.50 to £10.02 and then to £10.50, the 'business costs' figures were not increased. The 2022/23 proposal is to return to using the Highland Pricing Model, which is based on the 2022/23 UKHCA model.
- **Supported Living and Housing Support** – The proposal for 2022/23 is to increase the non-staffing element of the fees (13.1%) by the same proportion as the staffing element, in order to ensure equity by putting these services on a similar footing to Care at Home.

Individual Fee Categories and Proposed Approach Summary

Care Homes (NCHC, Standard, Non-standard, Residential Respite)

For residential services it is proposed to follow the NCHC settlement. On 25 March 2022 COSLA Leaders endorsed an offer of a 5.38% increase for Nursing care, and a 5.58% increase for Residential care. This has been accepted by providers, and formal confirmation from Scotland Excel (which manages the contract) has been received.

Part of the cost model for the NCHC includes alignment with agenda for change for nursing staff which has been included in the pricing model based on a 3% settlement. In the event that the agenda for change settlement is more than 3% the Nursing care fee will increase. In the event of such an increase is approved by COSLA and assuming this is fully funded, it is proposed that this increase will be implemented.

As this is a national arrangement to which NHS Highland is party, approval to implement this has already been granted by the Chief Officer, Director of Finance and Chair of Health and Social Care Committee and arrangements are underway to implement, in order to ensure that staff can benefit from the £10.50/hr pay rate, as soon as possible.

Care at Home

For Care at Home it is proposed that the salary costs as per the SG methodology (increased weighting for NI increase) are applied to the Highland Pricing Model, and that the business costs are aligned to 95% of those specified in the UKHCA cost model. This is required to align overhead costs with the expectations of the pricing model which have not been uplifted for the last two years.

In addition to taking account of on cost increases, there are further urgent actions that need to progress with commissioned care at home services which will most likely involve other short to medium term commissioning models and approaches, in the continuation of efforts to stabilise services, build resilience and create increased capacity. The oncost alignment increase allows the pricing model to be brought up to date and will permit time to consider a revised commissioning model for care at home.

It is further proposed that these arrangements are implemented for 12 months from 1 April 2022 (having already been confirmed to extend to 30 September 2022), whilst the above referenced redesign is taking place.

Housing Support, Support, non-standard Support, Home Based Respite

For community based support services, it is proposed to implement the SG methodology for salary costs, and to apply a **one-off** uplift to non-pay costs to bring these in to line with increases granted for pay costs. This will be in accordance with the weightings provided by SG.

Day Care

For Day Care services, it is proposed to implement the SG methodology for salary costs, and to apply a **one-off** uplift to non-pay costs to bring these in to line with increases granted for pay costs. This will be in accordance with the weightings provided by SG.

SDS Option 1 Direct Payment

For 2021-2022, the SDS Option 1 rate was increased from £13.42 per hour, to £13.71 from 1 April 2021, and then £14.38 from 1 December 2021 (to allow care staff to receive £10.02/hr).

For 2022-2023, it is proposed to implement the methodology from COSLA and Scottish Government to allow for salary expectations of £10.50/hr to be met (including the change in cost weighting from 89% to 90% for NI).

SDS Option 2 Individual Service Fund

ISF Option 2 budgets are aligned to the equivalent Option 3 rate. As these are generally non-residential services, it is proposed to implement the methodology from COSLA and Scottish Government to allow for salary expectations of £10.50/hr to be met.

A review of both Option 1 and 2 tariffs is planned.

Summary

A summary of fee proposals, proposed contract arrangements and identified financial impacts, is included in **Appendix 2**.

These recommendations have been provided to, and endorsed by the Chief Officer and Director of Finance. As already noted above, the proposals in respect of the NCHC, have already been approved.

Fees Group Mandate 2022-2023

In addition, it is specifically requested that the Fees Group receive a mandate to enable that group to consider and thereafter move to apply fee rate increases requested in respect of bespoke, non-standard or other similar arrangements, where such increases have been fully considered by the Fees Group, are aligned to SG direction and contained within the SG stated percentage uplift.

2.6 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

Moderate
None

X

3 Impact Analysis

3.1 Quality/ Patient Care

It is anticipated that the commitment to funding and care staff wages will assist to enable providers to recruit and retain staff, and ensure continued capacity, and promote the provision of consistent and quality care services.

3.2 Workforce

The continued commitment to the Scottish Living Wage is anticipated to assist retain care staff and support ongoing service delivery and prevent providers from withdrawing from the market.

3.3 Financial

The **currently projected** cost of implementing the SG requirement of £10.50/hr is approximately **£8,912k**, of implementing the oncosts within the NCHC settlement **£826k**, and the cost of the additional recommendations is estimated at **£1,166k**. Together, this is an uplift in expenditure of **£10,904k** versus 2021-22. Further detail is included in **Appendix 3**.

The Scottish Government has made allocations to Partnerships which will cover this additionality.

In respect of NCHC arrangements, payment is being made to care homes in the first available pay run, including any back dating, in order to align with the SG's commitment to promote provider sustainability. This will follow the same process as last year where the uplift would be applied on trust on the basis that the provider would agree to sign the contract variation and if not signed within 3 months of issue, the rate would revert back to the 2021/22 rate.

Uplift arrangements to other services will be implemented following Committee approval.

3.4 Risk Assessment/Management

Application of a) Scottish Government requirements, and b) the application of a consistent approach across service types, has sought to mitigate risks.

3.5 Data Protection

No issues identified.

3.6 Equality and Diversity, including health inequalities

No issues identified.

3.7 Other impacts

None identified.

3.8 Communication, involvement, engagement and consultation

State how this has been carried out and note any meetings that have taken place.

- See 3.9 below.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- ASC Fees – Commissioning, Briefing and Instruction Meeting (Fees Group), 10 March 2022
- ASC Fees – Commissioning, Briefing and Instruction Group sign off, 5 April 2022
- Chief Officer and Director of Finance endorsement, 6 April 2022
- H&SCC Committee Chair, Chief Officer and Director of Finance approval to NCHC fee implementation, 11 April 2022

4 Recommendation

The actions requested of the Highland Health and Social Care Committee are to:

- 1) **Note for awareness**, the expectations of the Scottish Government and COSLA regarding wages for care staff, and the status of current information received;
- 2) **Note for awareness**, that the Fees Group has prepared recommendations, which are those as contained within this report, and which have been endorsed by the Chief Officer and Director of Finance.
- 3) **Note for awareness**, the approval already granted to implement the National Care Home Contract settlement for care homes.
- 4) In furtherance of the due process, the Committee is requested to **consider and agree** each of the other fee and contract recommendations at **Appendices 2 and 3**
- 5) Pending fuller review, **agree** an addition to the Fees Group mandate, this being to:

apply fee rate increases requested in respect of bespoke, non-standard or other similar arrangements, where such increases have been fully considered by the Fees Group, are aligned to SG direction and contained within the SG stated percentage uplift.

4.1 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Scottish Government Communication/NCHC Settlement Letter
- **Appendix 2:** Summary of Fee Proposals
- **Appendix 3:** Financial Impact

Scottish Government Communication – 2022-2023 Pay Award Uplift

Donna Bell Letter, 25 March 2022



2022-03-25
Letter-From-Donna-B

National Care Home Contract – Settlement Letter



Settlement letter
2022-23(8).pdf

Summary of Fee Proposals

Fee Category	Proposed Fee Approach	Contract Duration	Points to Note
A NCHC Care Homes	Per COSLA settlement	+1 year	Agreed by Chief Officer, Director of Finance, in consultation with Committee Chair.
B Standard Care Homes			
C Non Standard Care Homes			
D Out of Area Highland Care Homes			
E Out of Area Placements	Continue to align with host authority rate		
F Care Homes 1:1	Per COSLA settlement		
G Care at Home	Per SG / COSLA methodology for £10.50 pay uplift + align business costs, in line with UKHCA model, from 1 April 2022.	+1 year	
H Support Standard			
I Support Non Standard			
J Housing Support	Per SG / COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	
K Home Based Respite			
L Spot purchase Daycare			
M Registered Daycare			Specialist Day Care rate discontinued as outmoded
N 3 rd Sector	N/A	N/A	To be considered separately by Third Sector Project Board
O SDS Option 1	Per SG/COSLA methodology for £10.50 pay uplift.	+1 year	Planned Review
P SDS Option 2			
Q Non care home non standard	Standstill except as noted below	+1 year	No increases provided for some years. Services are not registered care services and therefore not eligible for living wage increases.
R SOS Overnight Service	Per SG / COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Service reviews are planned
S WNRS Overnight Services			
T ERS Care at Home			
U Bespoke Packages and Placements	Standstill	+1 year	Subject to individual negotiations

Financial Impact

Category of Providers (NHS)	Number of Contracts 2021-2022	Annual Value 2021-2022 @ £9.50	% of spend	2022-2023 PROPOSED Approach	2022-2023 PROPOSED Contracts Duration	2022-2023 PROPOSED RATE	Implementation of SG £10.50ph for care workers £k	Implementation of oncosts within the SG/CoSLA agreed NCHC Settlement to all Care Homes £k	Cost of Non-residential Recommendation £k	Total of Implementation & Recommendation £k	Comments
Care Homes (NCHC)	39	£35,754,844	31.50%	As per NCHC approach - Increase staff pay from £9.50 to £10.50.	+1 year or NCHC approach	Residential £681.34 (21/22 £653.79) Nursing £789.61 (21/22 £763.68)	£2,703	£562		£3,266	In year uplift given on 29 November 2021 per Scottish Government instruction. Current headline rate £681.34 res and £789.61 nursing.
Care Homes (Standard)	5	£1,590,395	1.40%	As per NCHC approach.	+1 year or NCHC approach	£681.34 - £792.61	£120	£25		£145	
Care Homes (Non-Standard)	10	£9,023,678	7.95%	As per NCHC approach.	+1 year or NCHC approach	Various	£682	£142		£824	
Care Homes (Out of Area Highland Contracts)	5	£184,260	0.16%	As per NCHC approach.	+1 year or NCHC approach	Various	£14	£3		£17	
Care Homes (Out of Area Placements)	124	£5,068,284	4.47%	As per host authority rate up to threshold of NCHC rate. Higher host authority increases assessed on a case by case basis, approval via budget holder.	+1 year	Various	£383	£80		£463	
Care Homes 1:1	37	£702,753	0.62%	As per NCHC approach.	+1 year or NCHC approach	£12.89 (21/22 £12.41)	£53	£11		£64	Increased 1 December to £12.89
Care at Home	22	£14,527,634	12.80%	Per SG/COSLA methodology for £10.50 pay uplift + uplift proposed to align business costs, in line with UKHCA model, from 1 April 2022.	+1 year	Urban £21.67 (21/22 £18.83) Rural £24.24 (21/22 £21.21) Remote £26.75 (21/22 £23.60)	£1,143		£768	£1,911	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
Support (Standard)	22	£11,550,502	10.18%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£19.66 (21/22 £17.79)	£1,057		£159	£1,216	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
			0.00%	Standstill (no increase)	+1 year	Sleepover £119.85 (21/22 £108.43)					
			0.00%	Standstill (no increase)	+1 year	On-call Responder £30 per night					
Support (Non-Standard)	6	£7,043,000	6.21%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£19.66 (21/22 £17.79)	£644		£97	£742	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
Housing Support	15	£6,631,917	5.84%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£19.66 (21/22 £17.79)	£607		£91	£698	
Home Based Respite	2	£822,000	0.72%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Urban £20.81 (21/22 £18.83) Rural £23.44 (21/22 £21.21) Remote £26.09 (21/22 £23.60)	£75		£11	£87	Scottish Government increase from 1 April 2022 brought forward as part support for the sector during Winter 21/22.
Day Care (Spot Purchase)	2	£77,500	0.07%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Standard day care £5.97 (21/22 £5.40) NB Specialist day care discontinued for spot purchase day care	£7		£1	£8	
Day Care (Registered)	10	£1,611,516	1.42%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	Various	£147		£22	£170	
Third Sector	50	£2,217,133	1.95%	As per third sector review	As per third sector review					£0	
Non Care Home (Non-Standard)	16	£1,636,646	1.44%	Standstill except below three services::	+1 year					£0	Consider application to the Fees Group where provider seeks uplift.
Inverness Overnight Responder Service	1	£785,000	0.69%		+1 year	£22.40 (21/22 £20.52)	£72		£11	£83	
SOS Overnight Service	1	£160,000	0.14%	Per SG/COSLA methodology for £10.50 pay uplift + one-off uplift to non-pay costs.	+1 year	£28.56 (21/22 £26.17)	£15		£2	£17	
Waking Night Responder Service	1	£149,385	0.13%		+1 year	£22.40 (21/22 £20.52)	£14		£2	£16	
Bespoke Packages and Placements (Non-Standard)	4	£1,522,496	1.34%	Standstill						£0	
Care Homes Specialist Use Beds (including respite and flexible use)	3	£172,810	0.15%	As per NCHC approach.	+1 year	Various	£13	£3		£16	
SDS Option 1 - Direct Payments	256	£4,851,874	4.28%	Per SG/COSLA methodology for £10.50 pay uplift.	+1 year	Various	£460			£460	
SDS Option 2 - Individual Service Funds	456	£7,406,310	6.53%	Per SG/COSLA methodology for £10.50 pay uplift.	+1 year	Various	£702			£702	
TOTALS	1,087	£113,489,937					£8,912	£826	£1,166	£10,904	