

MEETING	PUBLIC BOARD MEETING 19th June 2019
Agenda Item	7
Paper Number	CM/06/19/07
Agenda Title	Market Oversight Update
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PURPOSE OF PAPER:

Actions required by the Board (delete as appropriate):

- **Note** the attached Market Oversight update.

IMPACT:

Information for Board to be aware of (delete as appropriate):

- Impact on stakeholders – the attached update is provided as part of CQC’s Independent Voice.

Market Oversight Update



Stuart Dean
19 June 2019

- ***Minimise avoidable uncertainty*** for vulnerable people owing to a disruption to continuity of care as a result of business failure.
- Monitor finances of potentially '***difficult to replace***' providers.
- Provide notification to local authorities (LA) to aid contingency planning in the event of *(i) likely service cessation as a result of (ii) likely business failure.*
- The scheme design assumes that the market can generally absorb business failure, hence this alone is insufficient to trigger a LA notification.
- ***Market Oversight has no powers to prevent provider failure.***
- The published guidance and scheme participants are published on CQC's website.

- Currently **c.60** corporate providers included in the scheme.
- **Coverage** – c. 400 registered providers which deliver services from about 4000 locations (c.25% of all care home beds in England).
- **Risk Profile** – when the highest categories of risk are considered before CQC is required to make a LA notification, there has been a **27 percentage point deterioration** in risk across the portfolio since the scheme was launched in April 2015. This trend has remained broadly stable for the past three quarters.
- **LA Notifications** - 2 now issued since the scheme was launched – (i) Orchard Care Homes (No 4) Ltd [1 local authority] and (ii) Nestor Primecare Services Ltd t/a Allied Healthcare [96 local authorities]. Wider CQC enforcement powers have also been used when appropriate, such as Warning Notices.
- **Unseen influence** – improved financial discipline, enhanced financial stability by resolving uneconomic positions, cash injections to preserve liquidity and effectively holding Providers to account in problem situations.

Consolidated Data Trending Themes

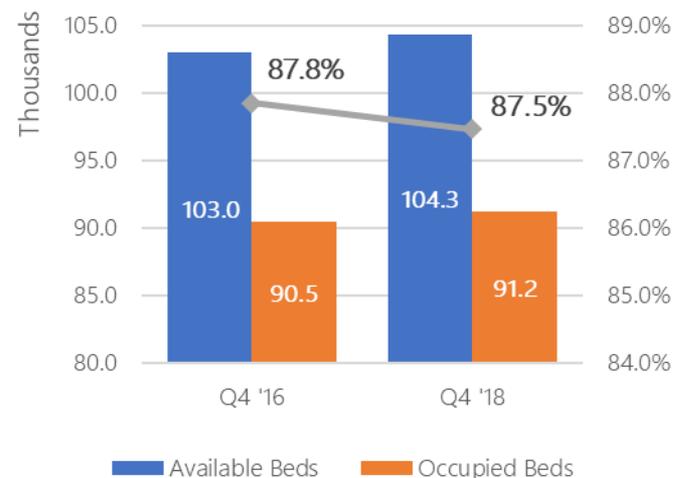
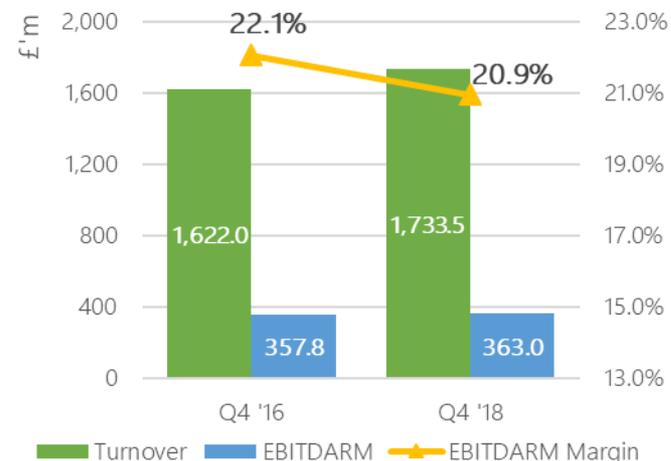


Overall* EBITDARM Margin (a high level proxy for profit) has decreased by 1 percentage point to **20.9%** over a 2 year period.

An increase in turnover, driven by private pay and LA fee increases, has been more than offset by **increased costs** (predominantly staff costs).

This **negative effect on margins** has been more significant (**3x more**) in **care home** businesses with **low levels of private funding** as **LA fee increases fail to keep pace** with staff cost increases.

Occupancy in care homes has **reduced slightly**, in part a result of a particularly harsh winter in 2018 but also a result of **providers holding out for private residents** rather than accepting a lower LA fee. **This is to preserve profit per bed.**



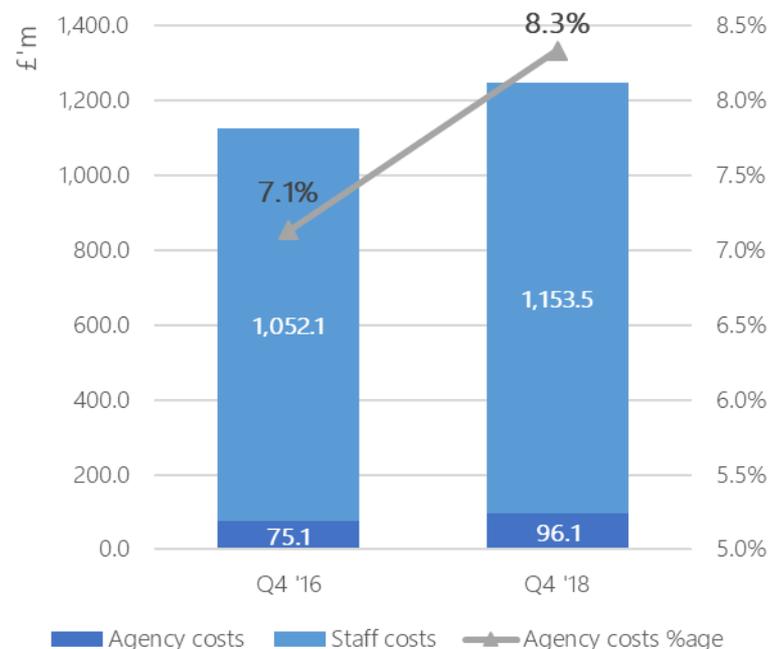
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Cost pressures are primarily due to **staff and agency cost increases**. Overall **staff costs** have **increased by 9.6%** driven by a **28.1% increase in agency costs**.

Staff and agency costs have been **adversely affected** by:

- NLW increases; pension auto-enrolment; the Apprenticeship levy; and a shortage of labour (due to Brexit, fewer student nurses, and historically low levels of unemployment).



Outlook: Sustained staff cost pressures exceeding LA fee increases suggest that the existing market fragility is unlikely to reduce in the short term. Based on assumed cost increases* in the next 12 months, a fee uplift of 5.7% would be required to maintain current EBITDARM margin. Anecdotally, average fee increases achieved are in the region of 3.5%, leading to a further expected 1.6pp squeeze on margin to 19.3%. Should this occur, then a continued contraction of capacity can be expected.

*staff costs increase 6%, agency costs increase 8.8% and non-staff costs increase 2.9%