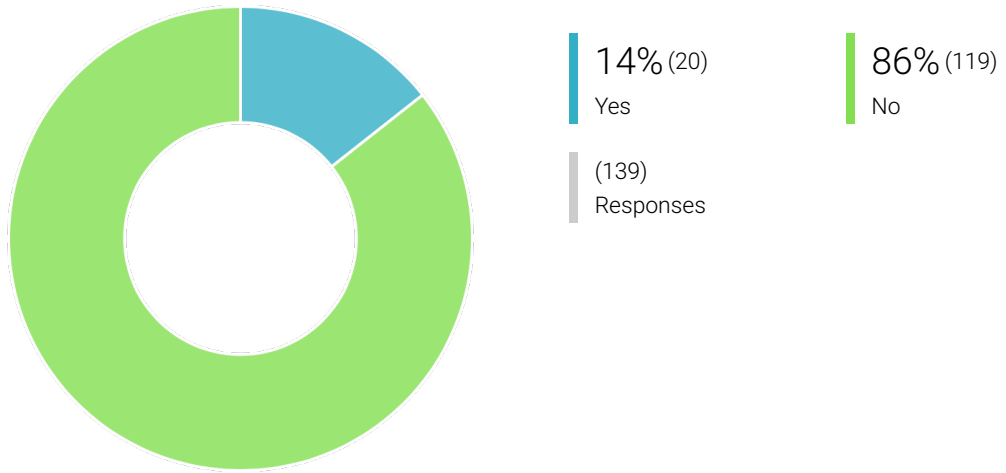


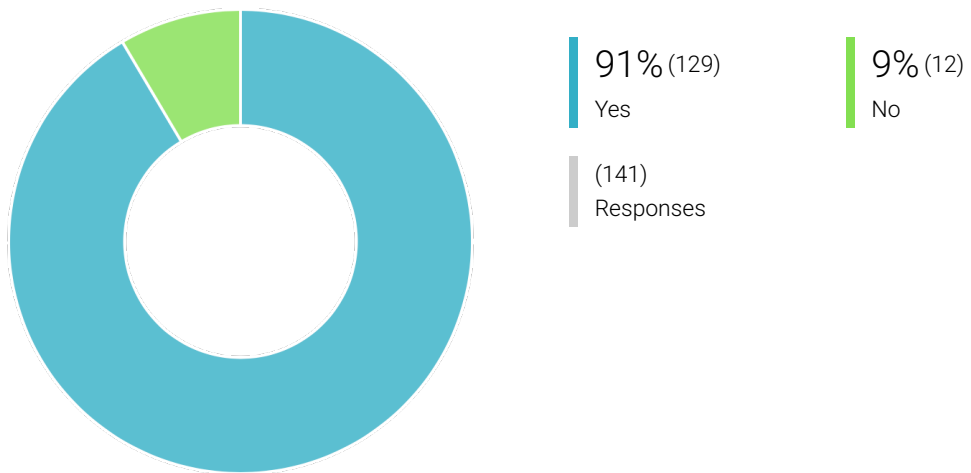
iCG Fee Negotiations Survey

Please complete this survey and submit ASAP.

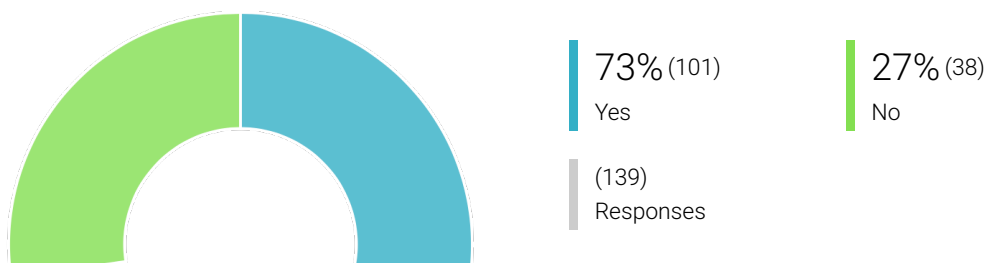
1 Do you accept the current NYC offer?

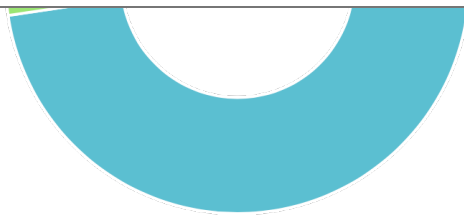


2 Do you have any concerns about the current NYC offer in respect of the financial sustainability of your contracts with NYC?

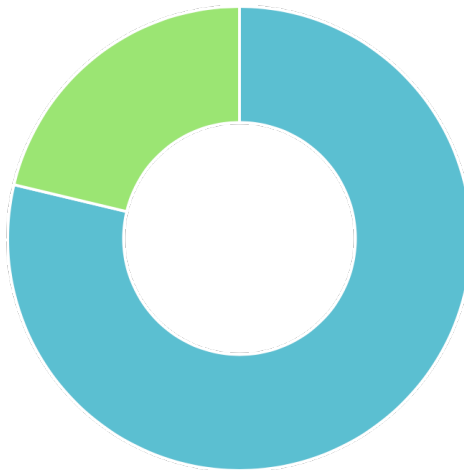


3 Based on the current NYC offer, are you at risk of having to hand back contracts to NYC in the next 12 months?





4 Will the current NYC offer in your opinion, impact on the quality of care you provide?

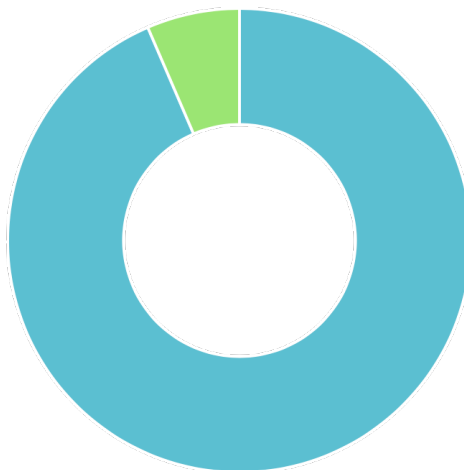


79% (111)
Yes

21% (30)
No

(141)
Responses

5 Should the ICG reject the offer and ask for a larger increase?

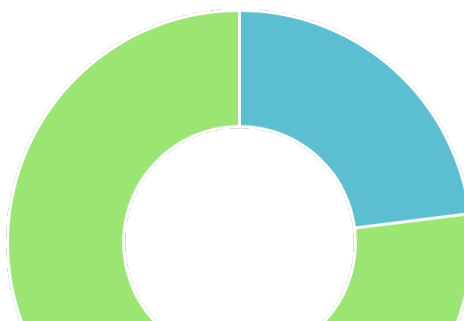


94% (130)
Yes

6% (9)
No

(139)
Responses

6 If the offer was 1% higher, would it ensure your financial sustainability?



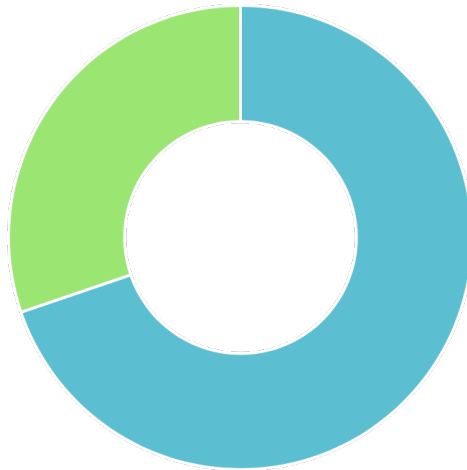
23% (32)
Yes

77% (107)
No

(139)
Responses



7 Would you reject the offer and have a day or a week of action refusing to take new packages until a better settlement is reached?



70% (97)
Yes

30% (42)
No

(139)
Responses

8 Should the ICG accept the offer, but with the condition that there is a full review of fee rates and an amendment to the APL contract to include a formula that sets the annual uplift based on inflation, NLW and any statutory changes (eg. the NI increase) and removes the VAT restriction.

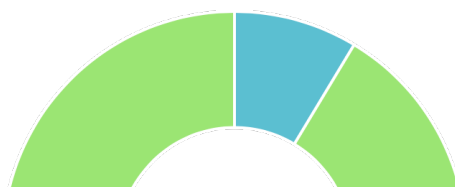


53% (72)
Yes

47% (64)
No

(136)
Responses

9 Should the ICG accept the offer unconditionally?



9% (12)
Yes

91% (127)
No

(139)

10 Should the ICG ask for something else? If so, what do you suggest?

as promised in the APL procurement process, all providers were stated they should assume an uplift, how could anyone in the last two years have expected or predicted the cost of living crisis which has seen the min wage increase to such amounts?

Min of 2.1% with a sliding scale up to 9% Cap at £30 (in supported living) - adding 2.1% (to the zero uplift that they used as a cap last year would still only bring this up to £29.10- still nowhere near the prices that the HCA state is actual cost.

an increase that actually reflects the statutory on costs

At least a 8% rise

There needs to be a rebasing across the county

NYC should set the fee so there is fairness across the board

Ask for a fixed rate because variable rates ,will encourage providers to lower their rates in order to receive referrals ,but this could hinder quality of services

Going by the consumer price Index, and the BOE calculator, where the APL was signed in 2020 at a rate of £845, the equivalent cost in 'today's money' would be closer to £1053 - a rise in costs across the last 4yrs of 20% that we as providers are having to front, whilst losing private fees through the APL.

The ICG should ask for an uplift that covers the increasing costs for supplying a care service. During procurement rates were agreed by the LA, even if they are hiding behind that they don't have to give the statutory uplift, they did send an email on 18th November stating that they were working with ICG to ensure that the unexpected Budget announcement would ensure 'no provider falls below ACOC for care homes or recommended figures set by Homecare Association'.

Remove the APL conditions - List 2(a) and 2(b)

8% across the board fee increases.

As much as possible obviously we are not going to get it

Re 8: Please don't do this. They go back on their promises. Providers have lost faith in what was considered a fair working relationship between funding authority and providers. Even if NYC are hiding behind the APL right to not uplift, how does this look to providers who have to tell their staff we are going to have Rob Peter (redundancies) to Paul (who's left)

residential 1-1 staffing needs to increase also to take account of NI, NMW increases.

A flat rate of % increase against APL rates for all suppliers not varying % based on individual APL rates.

Actual cost of inflation as a minimum. Those providing care at a higher cost do not do this for profit, it's investing in quality care, which cost more each year to sustain,

A fair offer to cover inflation.

Some uplift to the non-ACOC rates.

We need the fair cost of care applying to homecare providers, all providers should be on the same rate as they are all delivering the same service. Providers on the lowest rates should be increase to the locality average for that area, increasing in % makes a bigger divide than those on lower rates. Amounts should be in £ not %.

Why are the day service rates lower than everyone else's? We have exactly the same inflationary pressures.

Higher percentage, get inflationary uplift for everyone, then taper the remaining offer across all providers starting with lowest fees first:

Everyone set their prices at a rate to ASSUME uplift (every year on costs increased)

Percentage increase needed for providers charging above the ACOC / APL rates

A minimum rate for home care

My rates on the APL are based on my running costs. They are higher than £2000 but I'm still impacted by the same inflationary increases. My ACOC is higher due to the complexities of our service. We need the relevant increases ie 8%

9%

the same rate of inflation

an offer should be made in line with their own requirements - eg NYC charge in the region of £29 per hour for their own homeware service yet expect others to do this at a much reduced cost.

A lift of the APL inflationary increase embargo that will accurately reflect all increased costs

That packages are given in same areas to cut travelling costs

7.8% to cover NI increase

9.5%

Flexibility of care packages subject to reviews based on clinical justification and clinical risk.

Hold a demonstration and lobby councillors.

No comment

North Yorkshire are recognising that the costs for NI and NLW are higher than last year but have lowered the cap rate compared to previous years, this now looks like finding ways to avoid uplifts on both legacy and apl. Remind them of their duties under the care act for market sustainability

YES...all care companies will collapse very soon unless a proper financial settlement is reached that pays for the wages now being demanded from PROPER care workers who should be paid a LIVING WAGE and treated correctly not as second class citizens because they often lack traditional educational qualifications.

Ask for the additional 1% and the APL contract to include a formula that sets the annual uplift based on inflation, NLW and any

statutory changes (eg. the NI increase) and removes the VAT restriction.

The ICG ask for the additional 1% + the condition that there is a full review of fee rates and an amendment to the APL contract to include a formula that sets the annual uplift based on inflation, NLW and any statutory changes (eg. the NI increase) and removes the VAT restriction.

10%

This has gone on too long. The added pressure of changes to NI now make the joke that is the yearly uplifts look even more out of touch.

no, the sliding scale formula across all APL and legacy is a good idea, those with the highest fees should have the broadest shoulders, but also 9.5% on direct payments? where does this come from? why are they getting such an uplift and it is not for the LA to state what DP's should get, this is a negotiation between the supplier and the customer - on the service contracting with the individual.

They've underpaid me for years and even last year didn't pay the ACOC.

10% increase to justify NI increases and national living wage increases.

I want you to ask them to demonstrate how social care providers working on the slimmest of margins are meant to stay in business with a mere 4% rise despite inflation and the upcoming NI increases creating an increase to operating by over 10% assuming no changes to staff pay.

our concern is that the higher rates for complex care are not getting an increase and of course we need to increase our rates to those staff as with the others, so how do we do that?

more money if they want providers to survive.

do not accept this offer. You can't accept it conditionally, they have lied and can't be trusted as proven in tendering process

for mental health placements to be paid above the current rates ie lower than dementia

£27

Travel time and mileage incentive / allowance to compensate for the following scenario - There are a lot of diversions and regular road works and some clients are in remote areas so isolated from most packages which means we as providers have to pay more on mileage and travel time and the package is then not profitable))

The uplift does not cover the NLW increase

A much higher increase

To include more fuel allowance with the fuel so costly now - we are doing care.

The homecare rates on the lower end should be receiving a higher increase, our rates are considerably low and never received an increase last year. I think those on less than £24 an hour should be increased to the £27 rate to make them sustainable

Rate if legacy or APL need to have same principle, not looked at differently. Cost per hour is the same, so % uplifts should be the same.

Given APL rates were frozen last year, we were hopeful NYC would support care services far more this year, especially given the added costs through NI Contributions

Recalculation of acceptable rates as the 2022 rates plus discretionary uplifts are no longer applicable

10% uplift

Push for the full 8.5% that is required

Allow homes to charge a top up as we have been told that we can not charge one

x

A simple % increase that applies to all rates and providers, like most local authorities, so 5% increase across the board would work as opposed to this stupid tiered system that only benefits urban providers who have volume

The headline/maximum uplift rates to be applied to all fees completely, without caveats or restrictions and backdated to the beginning of the APL with no cap on the rate and separate application to the bed fee and 1:1 hours.

minimum £1200 per week

At least 6%

As above - an uplift based on NLW increases

Aim for 10%, accept anything over 8.25% for APL providers, as 2.4% is ridiculous, frankly, for APL providers.

That all providers below the locality rate for the area receive that amount as a minimum

Remove the cap

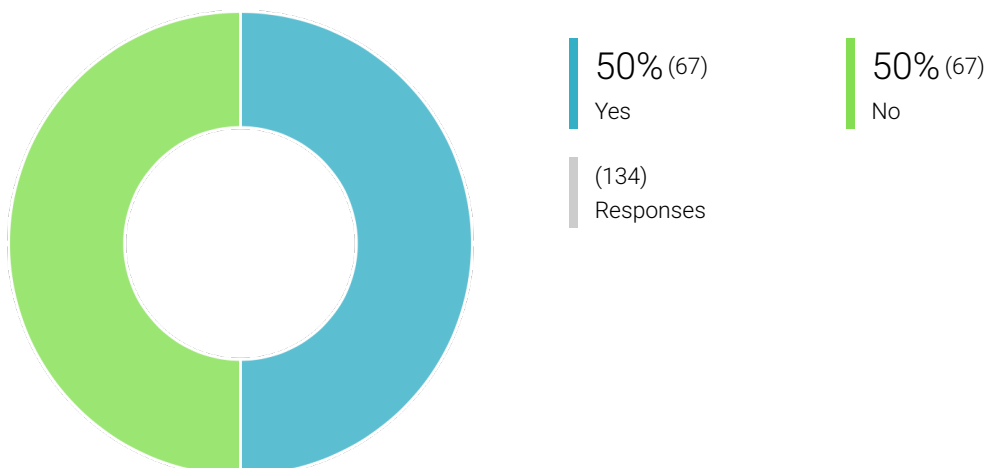
National Insurance, National Living Wage

ICG should ask NYC to ring fence areas like other local authorities to safeguard local providers / also the ICG should ask NYC to have one rate and give work according to quality as other local authorities.

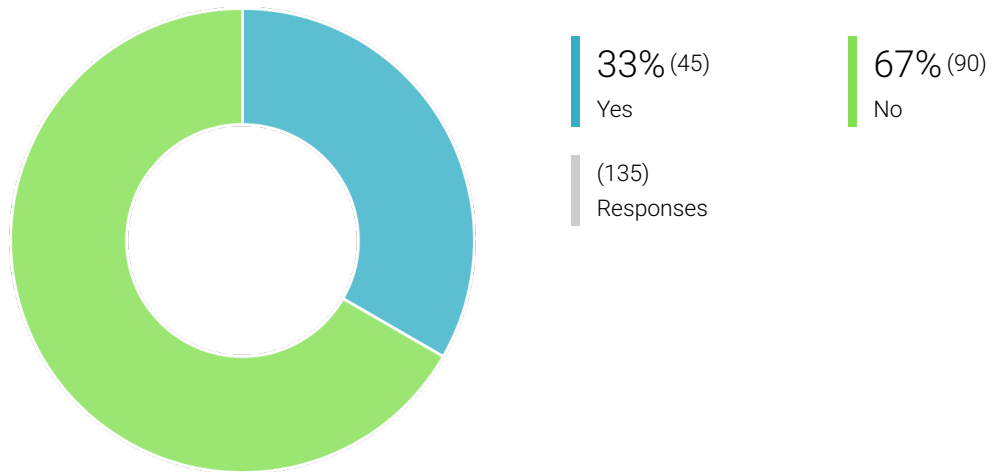
4%

Increased rates for Community based all to a sustainable rate. In line with Direct Payment increase, for equality and sustainability.

11 At procurement of the APL, were you advised there would be an annual uplift by anyone at NYC?



12 At procurement of the APL, were you advised to keep your prices low on the basis of an annual uplift being given?



13 Do you have any evidence to demonstrate the above? Please expand

online

everyone does it was a public document - Joe public could go on the tender portal today and see the same thing - ASSUME AN UPLIFT and dont frontload prices

No - although it was not made clear at all, and not specified anywhere

This has been historically accurate

John Storr from Acorn community care has already shared evidence, this includes document on yortender where providers were told not to put a tender of per hour to high, were told by NYCC that they have always given an uplift so no need to plan for future within our tender.

11. i've said no, but i wasn't in those discussions, but will look back through archives to find out.

It was common knowledge and evidence can be provided.

The whole APL process was difficult and unhelpful to those Care Providers outside of APL Fee Rates

No

Everyone was told this in the process.

The APL application gave average hourly rates across the county and said that an explanation for any prices which exceed their average prices by 10% must be explained. This method puts pressure on providers to maintain competitive prices for fear of not being awarded contracts - There was a reasonable assumption that the council would make fee increases to cover NMM/NI/inflationary increases to ensure market sustainability (fulfil it's statutory duty). I assume that for those providers who are

inflationary increases to ensure market sustainability (fulfill its statutory duty). I assume that for those providers who are able to survive until the next APL application, that NYC will allow providers to set prices which will ensure their sustainability assuming that NYC won't take account of future cost increases?

No

no

It was on record - procurement portal

Yes it was given in feedback questions via email/portal

They will not give you any packages if your rate will be not lower, in this circumstances you as provider are forced to keep the rate lower to survive they operate with "best value best match" to explain it.

No evidence but I never saw it written that an annual increase wouldn't be given and historically we have received an increase each year. The rates I submitted were low as I was assuming we would receive an annual increase each year. I feel let down by NYC for not paying the appropriate increase each year

Although we have answered no to the above, I definitely feel it was not made clear enough that providers should have proposed a fee for 5 years. Also, this seems a ludicrous approach, as you would potentially be charging a high fee for the first two years which would be unnecessary and costly to NYC. We set our fee in 2022 with what we required at that time. As we had always previously had annual uplifts we 'wrongly' made the assumption this would continue.

Everyone does, public document

no

I believe John Storr my colleague has submitted the same evidence

No

I do not have evidence of the above, but it was my understanding.

I added my initial prices to cover 5 years of inflation as they said that's what I need to do. They then rejected saying it was too high so I dropped to my existing fee with a view that they would add inflationary increases every year.

No

There was an implication that we could expect an annual uplift following negotiations as was the case every year within the previous APL periods.

In August 22 (following ACOC exercise) we were told our surplus was too high and we would be potentially entered on to the "b" list for referrals

Although nobody themselves mentioned about uplifts, it wasn't specified that there wouldn't be one or very little of one. It also wasn't clear that the cost given for the APL was to be for the 5 year term, we weren't allowed to give anymore than the NYC recommended figures that were in red (10%) on the form without having a full explanation as to why. The whole APL for me was miss sold and I will not be taking anymore NYC care packages should the inflation amount not be substantial enough to cover all the rising costs. I will also be handing back NYC contracts as the company will be out of pocket for the second year running.

Based on APL Rates. However, no flexibility on rates even after initial pre-admission assessments/ongoing clinical reviews.

No

Everyone does who is on APL. It'd was said on webinars and published Q+a.

Unofficially were told the rates at which other providers were charging and that if we were not near these figures we'd unlikely get any packages unless the council were desperate or had complex packages they complex procur.

no

In a sense it is evident that keeping prices low (below fair rate) is encouraged. On dropping our rates to levels we barely break even the council have thrown packages at us. They do not care about the right fit at all. Lowest cost basis is the only factor they consider when procuring care. This approach will lead to the long term devastation of social care and to a place where they end up paying more to look after less people. Many providers I talk to are going to close shop next year if things do not change. or simply focus on private market only.

We only receive packages from the council when we drop the prices. Our APL pricing has had to be dropped to a rate 42% less than our private rate merely to get packages.

i didn't but if this has happened, this is unfair for all

Spent a year having service users reviewed by an idiot, they then had to be done again and i eventually agreed to £871 per week, which i felt I had to beg for

I have no recollection of either of these. To suggest that our initial hourly rate should reflect a 5YEAR contract is, quite frankly, ridiculous. How on earth we are expected to predict what inflation and other costs will be (NI contributions being a great example) will be over 5 years is laughable if our Govt and economists cannot do that !

Only phone call

no but remember seeing it somewhere

see tendering q&A

If NYC APL was intended to have no annual uplift 2022-2027, why did we receive an uplift in 2023, and some providers in 2024?

no

No evidence however we are advised to ensure competitive rates but they are not always the most sustainable rates as you also consider competitors - we believe UKHCA has attempted to provide fair calculations based on actual costs that providers face.

Yes -already shared with JP (ICG) last year when this happened. I will send again now (after completing this survey - it is still live on YORtender in the Q&R xl doc stating THAT PROVIDERS SHOULD EXPECT UPLIFTS" - PUBLIC AND ADVISED TO ANYONE TENDERING!!!!

I was told that I had to decrease my prices from £27p/h to £22 to receive packages of care to bid on. Have emails to evidence this.

Not sure.

No evidence but assumed an increase would be given as nothing was communicated otherwise

Not applicable, we do not have evidence.

Advised to only charge 10% above 2022 rates

x

A clarification question was answered with the comment "Providers should assume that an annual inflation award will be paid throughout the lifetime of the new APL"

throughout the lifetime of the new APL .

We were informed that discretionary uplifts might be applied throughout the APL contract. In the first year, we received a modest increase of 3%. During discussions, we were advised to estimate our fee rate over a five-year period. If our projected rate exceeded the council's cap of £1,200, it would be rejected. Before joining the APL, our weekly fees were £784. When setting our fees, we were concerned about pricing ourselves out of the market, potentially landing lower on the B list of the APL. Following COVID, with limited demand in the private market for care home placements, we feared that joining the APL would be our only viable option. However, the rapid growth in energy costs, cost of living and NLW and NI increases—even at this stage of the contract—has made working with the council unsustainable.

No

An inflationary uplift was assured during a conversation with Pamela Hogg when our submission was being reviewed.

I have no evidence but it was assumed as it was always done historically on the old approved provider list and nothing was written on the contrary

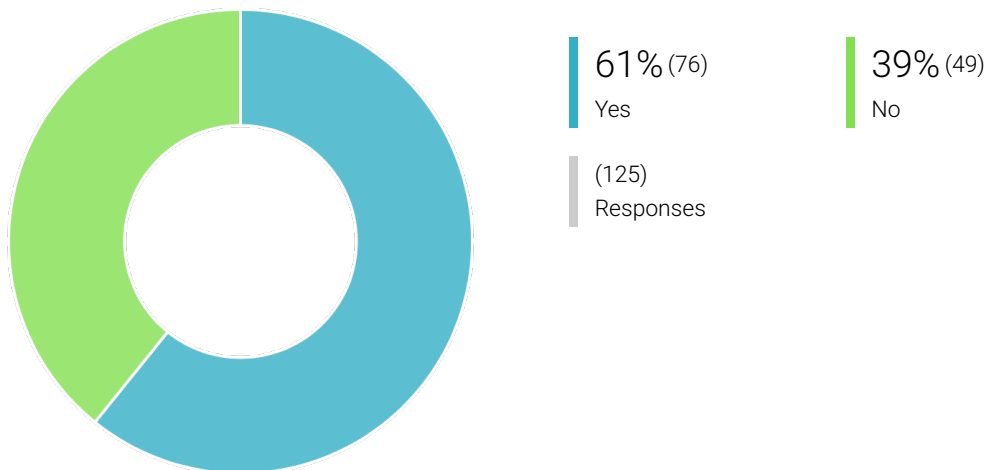
No but we weren't told that the previous method of an annual uplift was being removed

Comments in the public procurement exercise said that there would be an annual uplift and we priced in good faith on that basis, as there had been a history of reasonable uplifts by NYC.

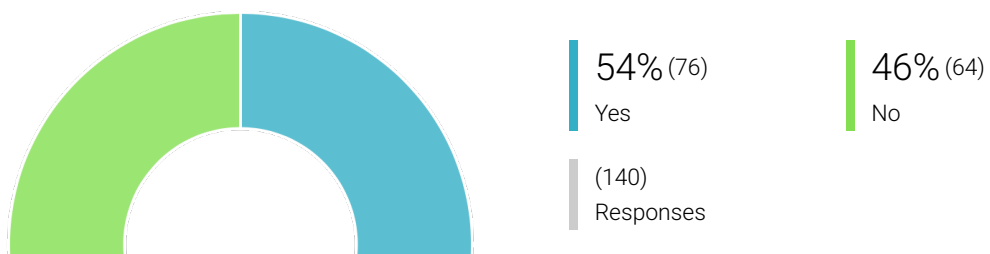
We had to reduce our prices to get new contracts

Only based on FAQ information

14 In principle, would you be willing to share your evidence and contribute financially to any collective action if the ICG were to coordinate a legal challenge on behalf of providers?

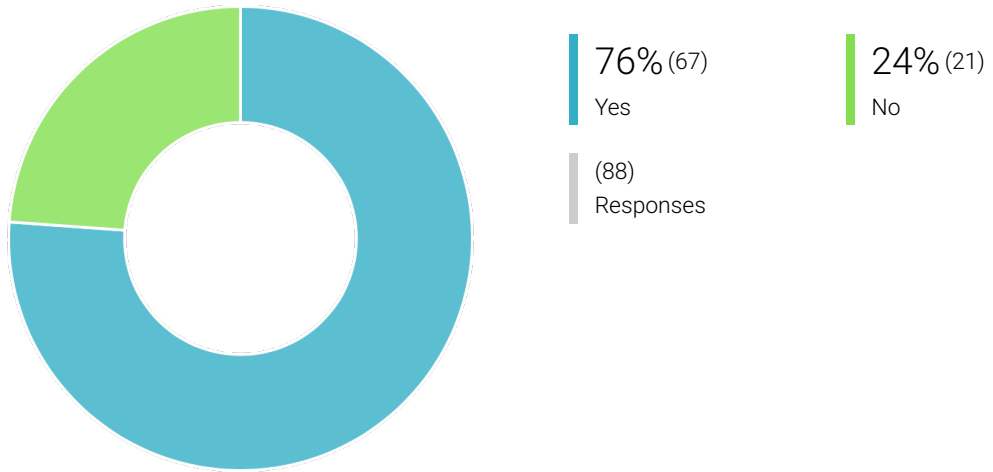


15 Are you an ICG member?





16 If you aren't a member already, would you consider joining the ICG?



17 Do you belong to another care association? If so, which one/s?

No

No

no

n/a

No

Wakefield (Independent Sector Liaison Group), Hull and East Riding Care Association

No

Just ICG

Just you guys

No

no

na

No

No

No

Care E9

No

No

BCA

National care forum

No

Care England

No

No

No

No

CARE ENGLAND

No

Yorkshire Care Alliance - unfortunately in the current financial climate the ICG membership fees were prohibitive

Not yet

NA

No

I was with ICG but had to cancel due to it being too expensive for my small business and I had to cut costs.

No

herca - board member

Not applicable

no

no

ARC & VODG

n/a

n/a

Bradford, Leeds and KirCCA

No

No

Care England

no

18 Any other comments?

as a third sector provider who has no directors to take profit from the business, hear us when we say, a second year running of no uplift will force closures and redundancies in the sector on the back of NYC's own advice to keep prices lower at point of entry on APL.

ON Point 8 - not been honest in procurement process or emails of assurances sent to providers with the "positive news" - too quick to change the goal posts.

Re question 6: - this only applies as not accepting 1% as the 8% off and the direct payment offer of 9% is fair. 1% is not enough for anyone and the cap (which is lower this year is shocking)

This comment was written by NYC regards to the APL rates in their document trying to clear up confusions from others in the care sector - to me it was still not clear enough or very black and white of what was needing to be taken into consideration when calculating a fair price. "Each provider is able to submit rates it considers appropriate, which for most organisations will consider a range of factors including but not limited to; commerciality and sustainability over the term of the Approved Provider List. Subject to an application which satisfactorily meets all of the required criteria, the Council will automatically accept rates which fall within 10% of the 2021/2022 locality averages."

Would be useful to have a clause added to contracts with NYCC that if there is a statutory change that means providers costs ie NI increase, statutory changes that we can't predict, contracts should be auto lifted to help providers pay these extra costs.

given the fee offer is inline with 2022's rate of inflation, I'd expect to see something closer to the current rates we're seeing and expecting due to NI and Min wage costs

My business has had a relaxed approach since 18th November due to the tone of the email stating 'we hope that the positive news is helpful to providers with their business planning'. Now that I look at ICG offer it is clear the LA has given back word and is refusing to recognise the homecare association rate and has since reduced the annual hourly rate as a cap, compared to last years cap. This is technically a pay reduction and deflation. This on top of the zero uplift last year when minimum hourly rate was put up by £1 and other increasing finance factors, means that many care suppliers will be at risk of closure!

We sit on the border of North Yorkshire, South Yorkshire and East Yorkshire. NYC is by far more in touch and aligned with the running costs associated with providing good care for residents and I feel have provided a uplift offer that supports business continuity and sustainability to the market.

In essence the fees are higher than neighboring authorities - our issue is purely with the use of the APL which restricts Choice and

Control for citizens.

Initial calculations show our organisation will receive approx 2% total uplift. This will likely lead to business failure within 12 months..

Redundancies in the social care sector are a concept that never crossed my mind. I was always confident that this was (if you providing a high-quality service) the ideal area to work in, as it offered job security. Every job within our organisation holds value in meeting our stringent standards. However, if this offer does not change, essential roles that are crucial to the functioning of our business will have to be eliminated to support wage increases for core staff. Where is all the multi-million pounds of savings that were supposedly going to be achieved by merging into a combined authority? Who cares about care?

The fee offer will lead to closure of some care providers, and drive down the quality of those which survive.

Collective action needed. It might be our last chance to keep the services open for the people we support. NYC just paid £30k on a rebranding logo. How was that justified? How dare they consider this essential and claim they can't afford a reasonable uplift that ICG are stating.

This is not a sustainable offer. How can we offer a service at all when we get zero % uplift. We are a charity, nobody here making profits. We used reserves last year to put towards pay rises. How do they expect us to do this again. Charity reserves are there to benefit the beneficiaries, not an underfunded uplift.

We approached the procurement exercise with caution. As a small provider, we wanted to ensure that we fully understood the contract and its implications. We attended the ICG Teams meeting, asked questions, and took care in setting a sustainable rate in 2022. At that time, the market was relatively stable, and we believed our rate should carry us through at least three years, with the expectation that the council would consider a fair increase thereafter. With hindsight, we now realise that we should have set our rate at the maximum £1200 allowed. However, at the time, such a significant increase—over £400 on our weekly rate—seemed excessive and potentially uncompetitive. We sought to be responsible, setting a rate that reflected fair costs without pricing ourselves out of the market. One year into the contract, in 2023, the council granted an uplift due to the impact of rising inflation and interest rates following the Ukraine war. The assumption at the time was that CPI was the primary metric used for adjustments, rather than a more appropriate approach that accounted for the real financial pressures on providers. Yet, despite this initial uplift, we have now gone two years without any further increase, even as costs in every single operational area have risen sharply including:

- National Living Wage: Multiple significant increases, including a further rise in April 2025, alongside an additional 3% increase in National Insurance.
- Energy and Utilities: Despite some price stabilisation, costs remain far higher than pre-pandemic levels.
- Suppliers and Contractors: Price hikes in food, medical supplies, and maintenance due to ongoing inflation and supply chain pressures.

How NYC's Policy is Actively Harming Small Providers: The new policy forces small care providers into an untenable financial position by:

1. Blocking Fee Adjustments and Forcing Unsustainable Rates
 - o Providers who charge above the ACOC rate receive no uplifts, no matter how much external costs rise.
 - o This leaves providers locked into an outdated rate that does not reflect current economic conditions.
2. Prohibiting Top-Ups, Eliminating Financial Flexibility
 - o NYC is effectively dictating how private businesses can charge for their services by banning third-party top-ups.
 - o Families who wish to contribute more for better care should have the right to do so—this is standard practice in other industries.
 - o By removing this option, NYC is enforcing an artificial cap on income that threatens service quality.
3. Using a 'Take It or Leave It' Approach with No Room for Challenge
 - o Providers must be on the APL to receive referrals—there is no alternative.
 - o The contract terms are non-negotiable: sign or be excluded from council-funded placements.
 - o There is no mechanism for appeal if the contract becomes financially unviable.
4. Misleading Providers Into a Five-Year Contract Without Adequate Safeguards
 - o Providers were assured that their 2022 rates should sustain them.
 - o Yet, in reality, costs have surged beyond expectation, and the council has refused to implement proportionate increases for those above ACOC.
 - o The so-called "sustainability process" offers no meaningful recourse—at best, it forces providers to cut costs, inevitably harming quality.

This is Not Market Sustainability—It's Financial Coercion: The council claims to support market sustainability, yet these policies are actively damaging the small providers who deliver high-quality care. If we are truly independent businesses, why are we not permitted to set our own fees? Why does the council have sole control over our rates, our income, and our ability to adapt? NYC is attempting to manage its own financial constraints at the expense of providers, without acknowledging that forcing businesses to operate on shrinking margins leads to reduced quality, lower staffing levels, and an eventual collapse of provision. A contract should be fair and sustainable for both parties—not a one-sided imposition where pro

The FCOC is applied to care homes and I feel this is a fair system, yet for homecare providers fee rates range dramatically and those on the higher end of the scale penalise it for those who submit fair competitive rates. It's time we all received the same rates for homecare and ICG should be pushing this more

The local authority are now requiring day services to implement care home level quality assurance processes, we are even assessed with the same assessment tool. I struggle to understand how we are deemed as having lower costs given that we are employers with the same issues surrounding NIC and inflation.

Email from council in November told providers not to worry, recognised that budget would impact providers but would be working with ICG, this offer is a slap in the face to the the vulnerable people it's meant to protect free service for.

I have taken this survey already but was in a rush with previous deadline and had not taken in the conditions of the offer. We are a specialist provider for disabled young adults, most of our care is community support Therefore overall our uplift is 2.27% compared with all other types of care getting 8%. If were getting 8% i would be delighted, why on earth there is such a difference i have no idea but it is terrible for us. No. 7, i just can't commit to that. No 8. maybe. No 11 I really can't remember but that would be ridiculous, so I feel i would have remembered that. No 12, I can't remember. Sorry for the ad hoc answers, but it is complex isnt it?

This is a joke. We get the council are squeezed for cash. Underfunded care in our region makes us shudder at the outcomes for clients

na

I really think that all services should be covered by the rate of inflations. Charities are struggling to keep their heads above water as it is without this years inflation to had on to it

As a provider with legal insurance I would hope that this would allow some contribution to the cost of legal action around contracts. it should also be noted that NYC are looking at making changes to the APL which would effectively nullify this, replacing it with another system of procurement.

No

The care sector needs this increase to be substantial, 2.4% doesn't even scratch the service in clawing back the missed inflation award last year and rising costs this year. It will force a lot in to going away from care and the country being in an even bigger mess than it is now. Me personally will be handing NYC care packages back and will not be taking anymore should there not be a sizeable increase in the inflation this year.

No comment

No new business until members majority accept terms. Collective action needs to be stronger, a days refusal won't make a difference but if we'll all refuse LA contracts until ICG get a better omajority response then this is what should happen.

As above a proper settlement is needed so decent social care can be provided and hospital admissions CUT

We have always been advised to keep our prices low to allow us to secure care packages to meet the contracts best price best match.

How to be a member

It's clear providers are on the brink. The latest uplifts will not help any of the thousands struggling overcome the impending increases from NI and the inflationary impact that has been building for years. Supply is about to be outweighed by demand by the biggest ratio we have ever seen.

We also need a stop on advance payment

If something is not done to stop what is happening providers will close and the thousands who rely on social care will be left vulnerable. Families will have to come out of work and look after their own. More people out of the work place and more people relying in state aid.

The council are heading to a place where supply of care (due to closures and reluctance to take on council packages) that the few providers who ride this storm will be able to charge much higher rates resulting in councils budgets being diminished to the point tve are oaving more money to look after less people.

collective action is the only option left, lets make them listen before service users suffer and quality of support is reduced. This isnt ok.

Good luck. NYC are inept and not fit for purpose

If the council seriously believe that a 4% uplift is fair and enables providers to remain above break even point we are doomed.

im sorry i cannot answer all these questions, i hope my partial responses are of some help

Stop telling private clients of lower fee

What will the LA do when we go down because we are unable to pay wages, suppliers and debts (which came on the back of las years zero percent). This isnt an uplift, this is cut. Lowering the rate to that of below the HCA rate for last year is unacceptable and shows that they are cutting the market prices.

Very disapointed that we are no longer in partnership. We feel (for those providers) / if any are left at the ne dof the APL. will front load prices to guarantee sustainability. Good luck to those who are left.

If NYC APL was intended to have no annual uplift 2022-2027, why did we receive an uplift in 2023, and some providers in 2024?

No further comments but thank you this is helpful.

When we tendered, we did a fair cost of care and that meant we lowered prices on some aspects of the day service and supported living, based on the councils advice, we did not front load the proces as they stated "providers should assume an uplift"

You have our full support

NYC are priorities low cost packages which are low quality care so smaller but better quality agencies are not getting offered packages.

The ICG isn't doing enough to support local care businesses. Any acceptance of this minimal offer just puts more pressure on care providers to reduce services which will only lead to greater risk in the market.

We have already supplied evidence to the ICG in relation to pay rates, inflationary pressures and unfair capping of fees for extensively specialist placements

no

no

North Yorkshire have increased their precept by 5% and thsi is not been utilised, and if it is then its been loaded to urban providers, as a resident of North Yorkshire and living in a rural area I have a real issue with this as it means I am paying towards care for people in urban areas as these are likely the only providers who get an increase, and i suspect if I or my relatives needed care then we would struggle to get a provider as they simply wont cover the rural areas with no increase, its unbalanced and unfair and effectvely supports care providers who for example come from Bradford and pay minimum wage, so taking jobs away from North Yorkshire, there is nothing right about this offer unless you provide care in Selby or Scarborough

n/a

I feel we should be looking at the actual cost of care exercise again for homecare providers.

Having gone through sustainability applications to combat previous years of having no uplift, we would be left in the exact same situation again. At present, we are sustainable, but following the NLW increase along with the NI increase, we would no longer be sustainable without an uplift from NYC, which with the current offer, we wouldn't receive due to the caps.

