

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

SEPTEMBER 2015

**CHIEF OFFICER NHS
HARTLEPOOL AND STOCKTON
ON TEES CLINICAL
COMMISSIONING GROUP**

CARE HOME UPDATE

1. SUMMARY

- 1.1 This paper provides the Health and Wellbeing Board with an update in relation to work currently being undertaken by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) in collaboration with the Local Authority.
- 1.2 This paper outlines;
 - 1) Background to care home programme of work
 - 2) Progress to date and milestones

2. RECOMMENDATIONS

- 2.1 NOTE the progress to date and approach

3. BACKGROUND

- 3.1 Our commitment as a CCG remains to support older people in their choice to remain at home for as long as it is safe and appropriate to do so and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) are working in partnership with both Hartlepool and Stockton-on-Tees Local Authorities (LA's) to develop a range of services that support people to live independently. However, we recognise there are times when remaining at home is not safe and does not enable people to have a good quality of life.
- 3.2 Whilst the current economic situation and increasing demand for services creates a new challenge for both Local Authorities and the CCG, the CCG recognises it has a responsibility to ensure sufficient supply in the nursing residential care home market to meet individual's needs including how that care and support is delivered when people are unable to remain at home.
- 3.3 Nursing care home provision is not a market that is regulated in a conventional sense, no organisation or committee takes responsibility for commissioning an increase or decrease in beds. The change in status is driven by the provider's business models -the reality of occupancy, fees and cost of care. The CCG is concerned about the decline in beds across their area and neighbouring CCGs recognising the negative impact provision in the independent sector has on the patient and length of stay in acute services.

- 3.4 The dissatisfaction with fees paid, has been cited as a reason why providers may, in the longer term choose to withdraw nursing beds. This coupled with the issue of bed closures which have arisen from the serious concerns protocol often not associated to fees.
- 3.5 Homes with a low level of occupancy have had difficulty attracting and retaining good quality experienced nursing staff. Even where they have been able to do this the nursing staff are often working in isolation and their continual professional development needs to be considered to ensure a long term sustainable workforce.
- 3.6. The CCG has held a number of meetings with representatives from both HBC and SBC to urgently review current commissioner concerns in relation to the provision of nursing residential care and agree how we can respond in partnership working with other stakeholders to ensure a sustainable system in the future that responds to patient need across the whole care home sector.
- 3.7 A paper was presented to the North of Tees Partnership Board on the 26th June 2015 detailing the current work underway in response to current pressures across nursing residential care providers. The Board inclusive of LA representatives supported both the approach and timescales in response to the current issues and the establishment of a joint Health and Social Care North of Tees Care Home Commissioning Group to take forward the development of new commissioning model for nursing and residential care homes to ensure a sustainable system that responds to residents needs across the whole sector.

4. PROGRESS UPDATE:

- 4.1 **North of Tees care Home Commissioning Group**

The North of Tees Care Home Commissioning Group has now been established. The overarching purpose of the group is to review and agree a system wide commissioning vision (new model of care) to improve both health and social care outcomes for the people of Hartlepool and Stockton-on-Tees residing in care homes and to ensure sustainability of the future nursing bed provision across the care home sector.

The specific tasks of the group are to:

 - Oversee the successful development and delivery of a new model of care that focuses on two areas looking at both the commissioning model and the service delivery model separately.
 - Oversee, facilitate and guide associated projects
 - Oversee the successful delivery of the service changes that support the delivery of the new model of care and other required system changes
 - Maintain high quality clinical, community and social care services whilst protecting the financial stability of the local health and social care economy
 - Co-ordinate and align all cross-organisational activities across the health and social care economy aimed at delivering service change
 - Raise awareness in relation issues that might impact on plans to deliver the programme of work
 - Agree contingency and risk management arrangements in the event that planned schemes do not deliver to projections.
 - Coordinate and share how decisions will be taken within each of our organisations task
- 4.2 Draft terms of reference for the group have been produced which is currently being reviewed by each organisation for agreement. These will then be shared for ratification at the North of Tees Partnership Board.

4.3 **Care Home Provider Meetings**

The CCG supported by both LA's has undertaken 1:1 meetings with current care home providers to understand in greater detail the current pressures, constraints and barriers experienced by providers. Twenty one out of twenty eight providers invited from across Hartlepool and Stockton-on-Tees care home sector attended the meetings.

4.4 Meetings held were positive. Providers outlined their appreciation in relation to the meetings and engaged in conversation where a number of themes were identified including;

- Attracting/ recruiting good quality nurses, providers cannot offer the same packages/ benefits as the NHS
- Lack of current support for nursing homes
- Many nurses are choosing to register with an agency and the fees are expensive
- The current financial model and fees are restricting providers from entering into the market to provide nursing care
- The additional governance, administration and workload is also an issue compounded by the new QCQ regulations
- The increase in complexity of patients receiving funded nursing care and continuing health care packages of care.
- Issues with hospital discharges, no discharge letters, problems with medication, time of discharge e.g. late in the day
- Positive experience in relation to Primary Care GP's providing weekly visits to homes to oversee resident care.
- Training for end of life care.
- Delays experienced in the fast tracking assessment of patients at end of life.
- The high cost of nursing equipment not being included in the nursing fees particularly for End of Life Care i.e. sub cut fluid lines, syringe drivers and bariatric beds and chairs
- Consideration needs to be given to provision of patients with LD who require nursing care and 1:1 funding which is applicable within LD units but not in general care homes.
- Delays in Deprivation of Liberty (DoLs) assessments.
- Positive relationships with North Tees and Hartlepool Foundation Trusts Community Services

Actions in relation to the themes identified will be addressed through the relevant organisation via the North of Tees Care Home Commissioning Group.

4.5 A purpose of the conversation was to gain feedback from providers in relation to registration status. The outcome being that providers cited dual registration (nursing and residential) as the most appropriate from a resident and provider perspective identifying continuity of care and resident choice as a key driver.

- 4.6 It is expected the key themes identified from the conversations with providers will be reviewed by the North of Tees Care Home Commissioning Group and incorporated into the development and delivery of the new model of care.
- 4.7 **Financial Modelling**
Partners have identified over recent months areas of concern from providers in relation to financial difficulties and issues. We have experienced a number of nursing residential homes that have gone into administration coupled with a few signalling their intention to withdraw from nursing provision transferring their care home status to residential care only. Should this trend continue it is expected this will cause pressure in commissioning available nursing beds for those who require them in the community.
- 4.8 Having identified these issues the CCG is currently in the process of remodelling potential new core payment rates for funded nursing care and fully funded continuing healthcare. A financial feasibility options paper was presented to the CCG Executive Team (18th August 2015) and subject to agreement by the CCG's Governing Body (9th September 2015) our intention is to engage with the market and subject to the outcome it is expected a new core fee rate will come into force by October 2015.
- 4.9 **Quality Assurance**
The profile of Care Homes has risen over the past few years with an increasing focus on the quality of service delivered within them. This is part due to media coverage and increased public awareness of poor quality services and the financial collapse of large nationwide Care Home provider (Southern Cross) with a subsequent impact on frail elderly residents who have required placing in alternative accommodation.
- 4.10 The Quality and Patient Safety team for the CCG has the responsibility to support and assure the CCG of the quality of care delivery across the nursing residential care home sector. The standard of care is currently monitored through an annual audit programme of quality monitoring visits across nursing care home providers. Intelligence is also gathered from information sharing across Hartlepool and Stockton-on-Tees LA's and the Care Quality Commission (CQC).
- 4.11 To complement the current audit process and drive up quality standards the CCG is in the process of developing a clinically based assessment tool that will be part of an initiative to financially incentivise providers of nursing residential care homes. The scheme will financially reward nursing residential providers who demonstrate the provision of high quality care over which goes beyond the core contract arrangement fee. Both the tool and initiative have been developed in collaboration with care home providers to ensure it is fit for purpose for the care home environment.
- 4.12 To reduce the overlap and address the perceived burden of 'inspection' visits by care home providers the North of Tees Care Home Commissioning Group has agreed to work in collaboration to streamline and align both the LA's Quality Standard Framework (QSF) and the CCG's Clinical Quality Assurance Tool (CQA) audits and although the practicalities of implementation still have to be agreed between the LA's and CCG it is envisaged that the CQA tool will be offered to nursing residential care home providers from April 2016.

5.0 NEXT STEPS

- To present financial modelling paper to CCG Governing Body 29th September 2015 for consideration and agreement.
- Develop with partners the production of a programme of work to support a new model of care in relation to commissioning and delivery nursing and residential care homes 30th September 2015.
- Complete development of Clinical Quality Assurance Tool and governance process – 31st October 2015

6.0 FINANCIAL IMPLICATIONS

N/A

7.0 LEGAL IMPLICATIONS

N/A

8.0 RISK ASSESSMENT

N/A

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