



Briefing Report No: **51/2011** Public Agenda Item: **Yes**

Title: **Care Homes – Changing Market and Evolving Opportunities**

Wards Affected: **All Wards in Torbay**

To: **Health Scrutiny Board** On: **10 March 2011**

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0.1 Key points and Summary

0.2 Care Homes are a significant and important part of the fabric of Torbay, providing employment and care for some of the most vulnerable in the society. They are both an economic and social driver. The development of alternative forms of care and the implementation of the Personalisation programme is reshaping the market for long term residential care whilst at the same time there is an increasing number of elderly in the population.

The recently published Vision for Social Care: Capable Communities and Active Citizens together with the long standing Lifetime Homes Life Time Neighbourhoods set a clear direction for a change in accommodation provision.

During the transition to a new form of care it is important to ensure a viable care home market that is delivering appropriate and as required, innovative services within the context of the demands of the Bay; this needs to both take account of those that contract privately and be responsive to the changes in the way health and social care are delivered. It requires a coordinated strategy and needs to sit within the framework of local over-arching strategies such as the Active Ageing and Learning Disabilities strategies. For example, it is proposed that under the Active Ageing strategy there will be an Accommodation Strategy which will consider Extra Care Housing, Virtual Extra Care (assistive technology and adaptations) and general housing for the elder population and Care Homes – residential and nursing.

This report provides an insight to the current issues and landscape of the care homes market in Torbay and the engagement that is taking place to reshape the market that will provide choice, quality and maintain innovation.

1. Introduction

1.1 The Care Homes are one of the top four collective employers in the Bay. They also care for vulnerable people within our community, many of whom are appropriately placed and enjoy a good quality of life. The Trust has sought to ensure that quality has been constantly improved as well as developing alternative options for clients ensuring they have increased choice in the way they live, for example with assistive technology at home, the building of Dunboyne in conjunction with the council and improved intermediate care.

1.2 The Care Trust currently has responsibility for 1023 clients in care home settings. This is around 40% of the bed capacity within the Bay. The placement of Social Service clients therefore has a significant bearing on the market. Changes to the market need to be planned and managed sensitively.

1.3 In developing alternatives, there is a need to recognise a level of choice for clients, to ensure that appropriate cost effective and sustainable/viable care is available and that the assets that exist within the sector are not lost – staff, knowledge & care skills. Alongside this there is a requirement to ensure that the market is responsive to:

- the needs of the overall health and social care system
- the development of personal budgets

1.4 This paper is predominantly designed to consider the homes that serve older people, this being the largest part of the market. The approach to younger adults, for example those with a learning disability is captured within the Learning Disability (LD) strategy which has already been reviewed.

1.5 A strategy for Care Homes needs to take into account the differing demands on nursing and residential care, the growth in mental health requirements, for example dementia, and it needs to be set within the context of the local Active Ageing Strategy which recognises national policy drivers

2. Policy Drivers & Regional Work

2.1 A Vision for Adult Social Care: Capable communities and active citizens
(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_121508)

published this year reinforces the drive to help people to stay independent for as long as possible and reduce spending on long term residential care for reinvestment in other services.

2.2 It also describes the importance of providing crisis and rapid response services and to unlock the power in neighbourhoods: the opportunity exists for care home assets, skills and commitment to deliver this.

This direction of travel reinforces that in

Lifetime Homes Lifetime Neighbourhoods: A national strategy for housing in an ageing population (2008)

<http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods>

2.3 In this report the development of more mainstream and specialised homes for older people, equity share and social housing, coupled with improved information and advice around homes and housing options were highlighted as promoting independence.

2.4 In the light of such guidance, 16 member councils of the South West region undertook joint working to look at four areas: Accommodation, Reablement, Finance and Customer Focus. The preliminary outputs from this work are now being explored by the council and Care Trust. Consideration will be given to the findings and how they could inform the commissioning strategy. This is being supported by the Housing Support Unit which has taken the regional lead on the Accommodation workstream from this programme which will be a focus for the Care Trust.

2.5 The work is to be concluded by April 2011. The Commissioning Strategy will then be further developed and presented to Scrutiny. This will provide the market with the strategic view, that has been formulated in conjunction with them, which will enable them to shape their business, shape the market, protect the clients and residents – minimising disruption and upset, and establish employment opportunities.

3. Demographics

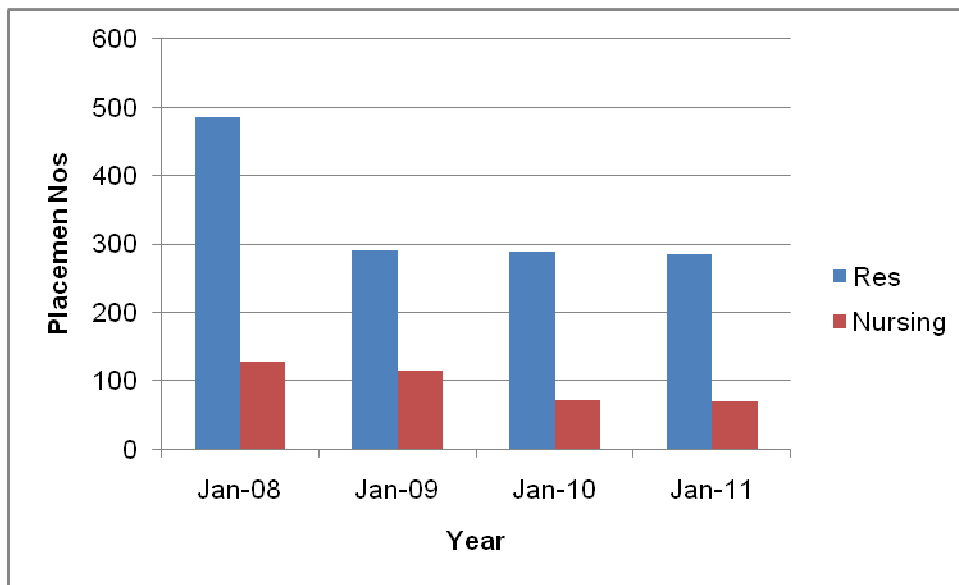
3.1 The increasing number of older people in Torbay and the future expansion of the over 65 years old population is well documented. The number of people over 85 in the UK is predicted to double in the next 20 years and treble in the next 30. In 2008 the proportion of Torbay's population aged 50 and over is was 43.5% and this was projected to increase to 45% in 5 years (2013).

3.2 Additionally there is a substantial increase in the number of people that will be living with dementia. The dementia strategy (published on the Care Trust's website) details the fact that the incidence of dementia is anticipated to more than double by 2030 rising to 4930 sufferers.

3.3 Nationally there is a commitment to help over 65's live independently at home and the Care Trust made a strategic commitment to reduce the level of care home admissions, whilst maintaining a sector offering quality & choice. The success of these commitments is evidenced by the trend in the reduced number of care homes admissions over the last four years and the substantial increase in Good and Excellent homes ratings by the Care Quality Commission (CQC) formerly the Commission for Social Care Inspection (CSCI).

**Long Stay Placements 2008 –
2011 for clients 65+ years**

Home Type	Jan-11	Jan-10	Jan-09	Jan-08
Residential	285	289	291	486
Nursing	70	72	114	127



3.4 The reduction in social services placements evidently has an impact on care homes' incomes and their continued viability and of course the on-going maintenance of that accommodation for those residents already there.

3.5 Nursing homes are now being used in a different way and their placements could be said to be increasing, however, this is for short term interventions and intermediate care. This means that people are able to leave hospital much earlier and be cared for in an alternative environment often more conducive to reablement and convalescence before returning home. This is one of the developments which illustrates how the assets, both tangible premises and staff skills can be applied to improvements in the overall system.

3.6 Furthermore, there will also be a group of older people who by reasons of frailty or choice will wish to reside in a quality care home.

4. Communication and Involvement and Fees

4.1 As indicated, many Care home businesses in Torbay are struggling in the current climate and need support and direction from the Care Trust and Council to enable all parties to plan appropriately and ensure the continued well-being of clients and residents together with maintenance of an asset base to support the choice and service developments of the future.

4.2 In partnership new ways of developing the market in Torbay need to be established. Increased working with the newly invigorated homes' forums and associations needs to be suitably supported with resource being required to co-ordinate, research, develop and project manage initiatives that the partners prioritise.

4.3 This is essential in developing a stable and responsive care home market, in order to balance apparently conflicting priorities. Border authorities (North Somerset) have been subject to legal challenge of fee levels and this case is due to be heard in the Autumn 2011, having been deferred. Many care home groups are watching the continued legal arguments closely. The Pembrokeshire case,

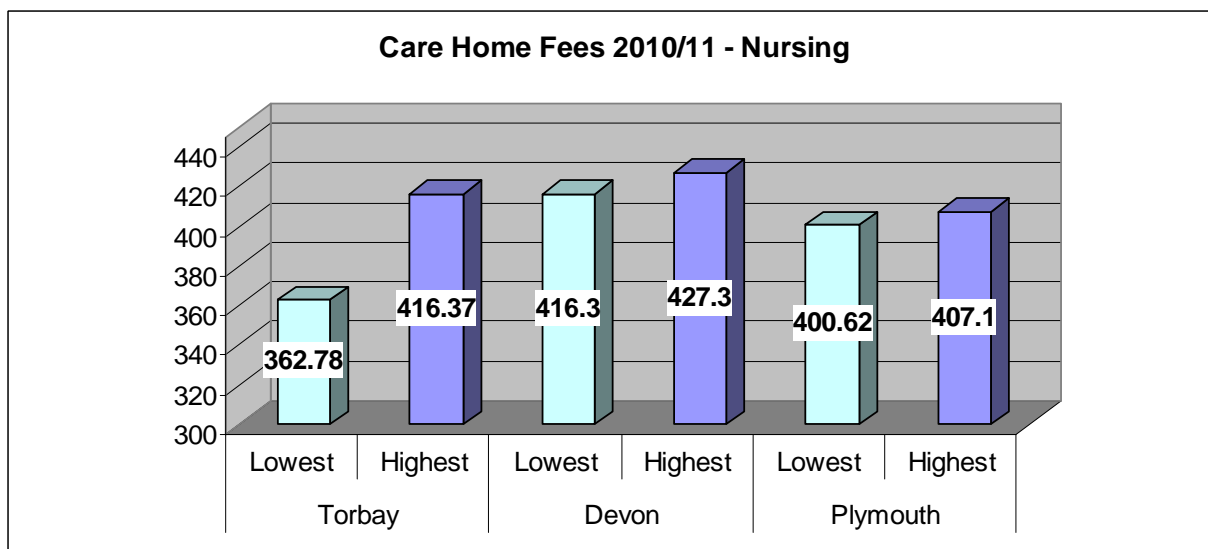
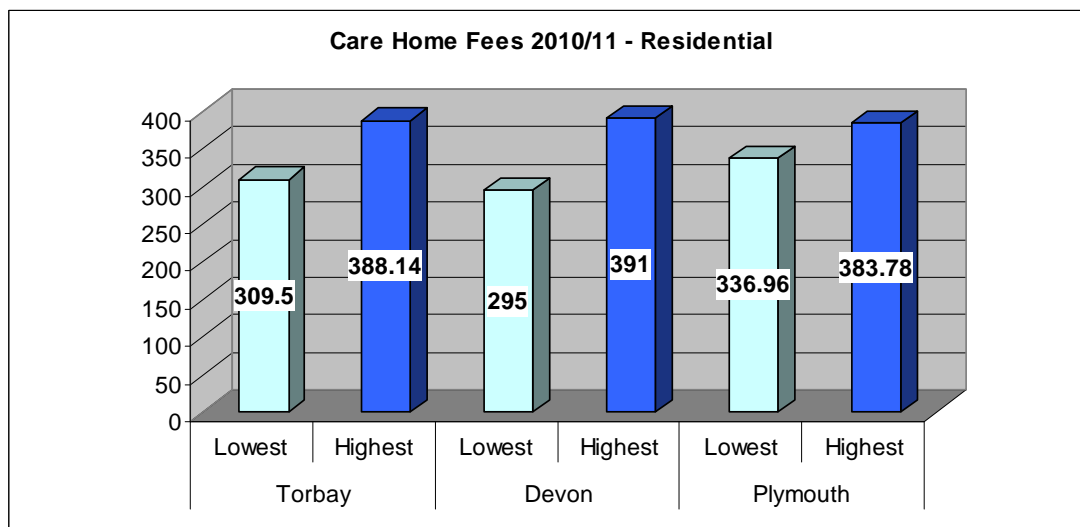
(<http://www.bailii.org/ew/cases/EWHC/Admin/2010/3514.html>)

which resulted in substantial fee increases and budget pressures, illustrates the importance of working with our partners in the care sector. The hypothesis is that this could have been better managed if the partners had been engaged at an early stage. It offers significant lessons in not only what councils can do but the way they go about setting fees in relation to the clients they seek to place within homes. The Care Trust is mindful of this. The work done with the sector historically and the present engagement is designed to militate against the problems and challenge, as encountered by Pembrokeshire.

4.4 Torbay has traditionally been cited as a low payer on care home fees. The present figures show that we compare reasonably with our neighbours. However, tables provided to the lead member for Social Care last year by the forum and refreshed by them show that they are aware that Torbay is low ranking in the south west authorities region. **Appendices A1/A2**

Care Home fees Torbay and Neighbours

Care Home fees 2010/2011						
	Torbay		Devon		Plymouth	
	Lowest	Highest	Lowest	Highest	Lowest	Highest
Residential	309.5	388.14	295	391	336.96	383.78
Nursing*	362.78	416.37	416.3	427.3	400.62	407.1
* this data does not include funded nursing care (FNC)						



4.5 However, our ability to obtain these fees in the market presently does not, in and of itself, confirm that homes are sustainable at these levels and with low occupancy.

4.6 Increasingly Homes are reporting viability issues and as it is now a legal requirement under the Registration Compliance Standards to confirm that a Home is viable, there are likely to be more homes revealing the pressures they face of low occupancy and financial issues.

4.7 Previous support of Banks either by increased overdraft or, as has been the case of major Bank to take over business from others by re-structuring debt, has not been available since the "Credit Crunch" and remains a subject of uncertainty. This does not

allow local Homes much flexibility if income does not meet costs. Increasing inflation and rising interest rates will exacerbate this.

4.8 Working in partnership with the care homes the strategy will reshape the market and drive a new economy and a vibrant business sector, developing employment opportunities and bringing in new players, whilst maximising the resources and assets available within the Bay.

Work is currently underway to:

- establish the rationale and trajectory for using local and regional models
- provide both Care Management and providers with a clear statement of the Care Trust's intentions

whilst maintaining a focus on quality.

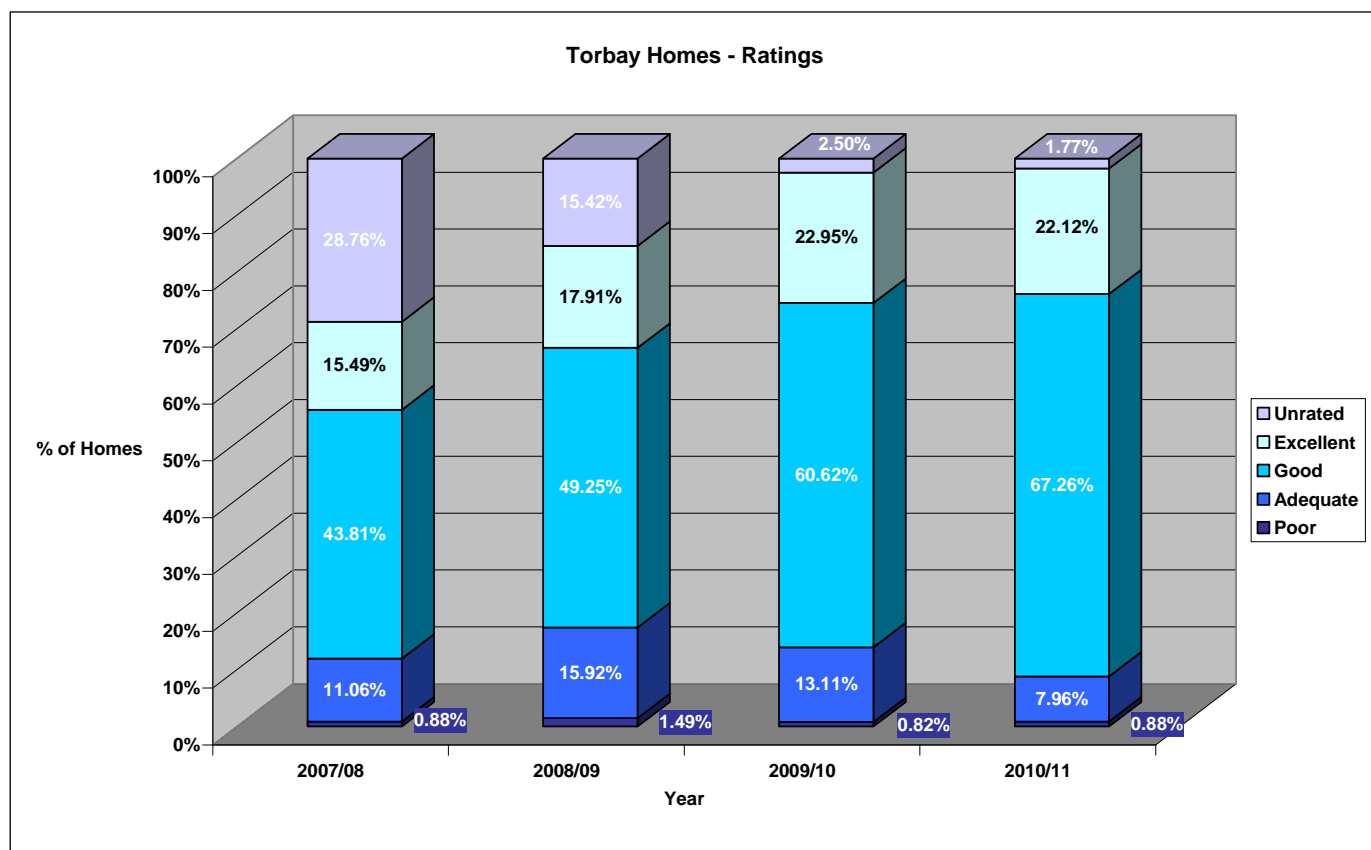
5. Quality Improvements

5.1 In 2007/08 the Trust was one of the first to introduce quality payments as an adjunct to the fee schedule and making use of the then CSCI (Commission for Social Care Inspection) ratings. The impact of this can be seen in the improvement over the last four years. In December 2009 17.6% of care homes in the south-west were graded as poor or adequate. This is in line with national average (17.5%) and is a drop from the regional figure obtained in May 2009 (22%). 3.1 % of homes were judged to be poor. Torbay compares favourably.

Torbay Percentages – CQC - Quality Ratings for Homes

	2007/08	2008/09	2009/10	2010/11
Poor	0.88%	1.49%	0.82%	0.88%
Adequate	11.06%	15.92%	13.11%	7.96%
Good	43.81%	49.25%	60.62%	67.26%
Excellent	15.49%	17.91%	22.95%	22.12%
Unrated	28.76%	15.42%	2.50%	1.77%

Source: CRILL and contract team database (2010)



5.2 Commissioning for Quality and Innovation (CQUIN)

Building on the quality payments work, the Trust was the first in the country and was recognised by enquiry from the Department of Health for this innovative step. More details of the quality approach are included in **Appendix A3**.

Our ability to introduce such schemes and have them adopted requires good links with the Care Sector.

6.0 Engaging the Sector

6.1 Torbay Care Trust works closely with the homes through its active contract monitoring function. It is now able to work more closely with the care homes sector overall through the TQCF. The Torbay Forum for Quality Care was established in May 2009 and around 75% of the care homes attended meetings to discuss the quality and their interaction with commissioners in considering the future of the care homes market. Subsequent to a fallow period for the group, it has been reinvigorated in February 2011. An executive working group has been set up to allow for a regular dialogue between this forum and the Care Trust. By working more closely in partnership we can ensure better care for clients and a more stable environment for the commissioning and delivery of care.

Furthermore, following dialogue, the forum is aiming to represent the wider independent care sector locally, giving the Trust and Council the opportunity to have a conduit to the

market for messages, to hear from the market and engage it in developments, and importantly to be able to work on sub-groups jointly to develop seamless, efficient services. This engagement in the strategy development is seen as critical:

- § Lack of trust between the sectors was cited as a main obstacle to progress. Care home owners felt demoralised by what they felt was LA's portraying a negative image of their businesses.
- § Meetings with independent sector providers of residential services were usually conducted separately from meetings with domiciliary providers. This hindered work at a strategic level and an understanding of future market needs.
- § The independent sector felt they were consulted only after decisions were made rather than in the early state of developments when they could shape decisions.

'An engaging process', Commissioning LIN, Padgham and Spencer 2003

6.2 Common concerns of the Care Providers

- The types of services needed now and in the future – the evolvement of the market
- § Commissioning intentions and developing processes and agreements that work well for both parties.
- § Setting a fair price for care and shifting funds to the point of delivery e.g. hospital tariff and earlier discharge to nursing homes
- § A strategy is required that will identify new ways of supporting care closer to home and outside of hospital that will enable savings in the system and income generation for providers.

e.g. Falls pathway
Stroke Pathway,
Palliative Care,
Assistive technology support

- § Guarantees of appropriate provision
- § Guarantees of security within the market
- § Increasing levels of vacancies within some sectors of the care home market
- § Uncertainty over the consequences and take up of direct payments and individual budgets
- § The cost of regulation and ability to differentiate good homes from poor homes, providing information for clients to make informed decisions
- § The anxiety of good/excellent homes becoming unviable due to the maintenance of standards versus cost cutting and survival of poor care in homes

- § Low level of fees relative to the Local Authority's family group
- § Increasing costs of staff and running homes against falling inflationary uplifts
- § The excellent and good homes being filled with private clients limiting the ability to place social service clients in high quality care homes resulting in poor choice and higher costs of care
- § The additional staffing requirements to care for and support residents with dementia

The forum members also circulated and completed a template highlighting comments which is attached as **Appendix 4**. This forms the basis for discussions to develop a reshaping work plan with the Trust and Council

6.3 Identifying and discussing these concerns with the sector is a key part of the strategy. Torbay Care Trust is committed to ensuring that an appropriate level of high quality care is available in the Bay and that a vibrant care home sector is very much part of the solution to the challenges that are faced with increasingly complex clients and funding constraints. Everyone is aware of the high number of care home vacancies across the Bay and options for discharge to other settings are increasing. One of the major challenges however, is the validation of where these vacancies are and the actual numbers. The independent businesses are rightly coy about revealing their figures, and whilst they will disclose that they have a vacancy when establishing if they can receive a new placement they are less forthcoming as to the total number of vacancies. Close working with the Care Forum and with local accountants will, it is hoped begin to address this information 'hole'. The present situation indicates that

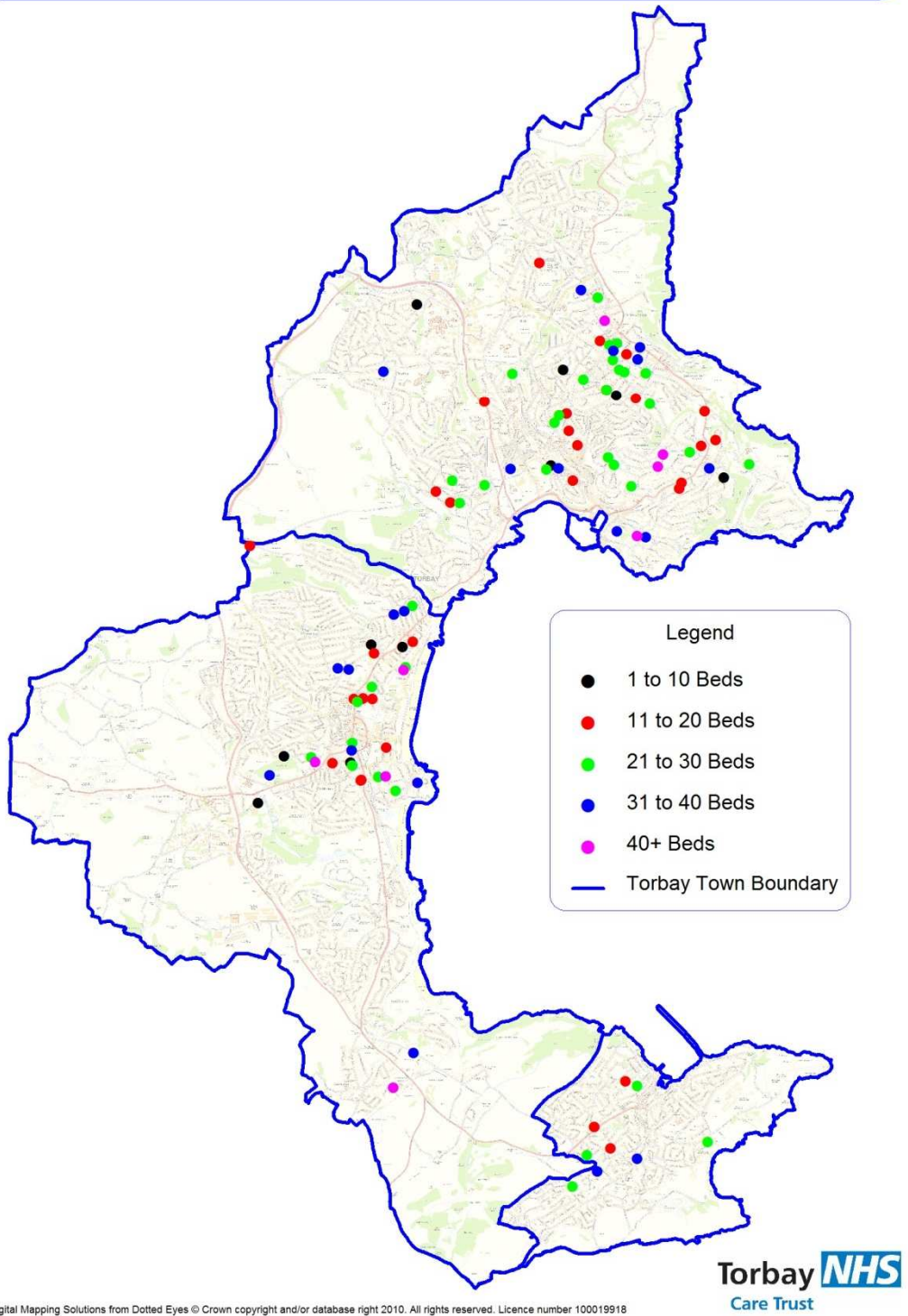
Occupancy	Percentage of homes	Viability
80-90%	26%	Marginal
<80%	11%	Low

6.4 The issue of the number of care homes and the numbers of residents to support the current infrastructure needs to be addressed in a proactive way for many reasons, but above all, to protect the well-being of the residents. These are difficult messages and issues but that must not stop them being considered. The Care Trust together with its Council partners has sought ways to help homes in developing their thinking about the future. The development of a model for care within the system is underway to focus and aid discussion across all parties (Trust, Council, Torbay hospital, GPs, independent care sector). A map of the current homes provides a snapshot of the care within Torbay.

7.0 Map of Care Homes

The current distribution of homes in Torbay is shown below
A repeated colour version illustrating the mix of homes by bed numbers is attached in **Appendix A5** to enable single sheet colour print out if required

TORBAY REGISTERED CARE & NURSING HOMES (FEB 2011)



Number of beds homes	Number of homes	
	Residential	Nursing
1-10	16	0
11-20	34	0
21-30	31	7
31-40	15	5
40+	3	5

7.1 This indicates the large number of smaller homes that exist within Torbay and which can exacerbate the viability issues by being only two beds vacant, but less than 80% occupancy. 50% of the region's homes are small to medium size having less than 30 beds whilst in Torbay this is 76% indicating a reliance on small homes. Regionally 85% have less than 50 beds in contrast to Torbay's 97%.

7.2 The Care Trust worked with housing colleagues to develop a view of the market with consultants Finnamore. This work is being reviewed alongside the regional Use of Resources outputs. One of the important elements was to determine the supply and demand for placements both those known to the Trust, social services clients, as well as the private clients.

7.3 What is notable is that the work with the Torbay Quality Care Forum has enabled us to obtain much clearer information whilst anonymised in many instances. It also highlights issues such as some homes presently running at an unsustainable 50% occupancy-50% voids, and other homes being advertised for sale for over two years.

7.4 In response to this, the Care Trust and Council colleagues continue to work with homes to establish a programme to engage homes and identify where a managed process to exit the market or change provision could be discussed, supporting it to evolve and reshape. Details of this programme which is on-going are captured in **Appendix A6**

8.0 Quality and Regulation – Care Quality Commission

8.1 A hugely significant area for development is the continued monitoring and drive for quality in the care sector. Within the Care Homes market some major changes are requiring commissioners and homes to adapt for example, changes in registration and the withdrawal of the current rating system.

8.2 Changes in Registration and Assuring Quality

Historically homes have had registrations to enable them to accept certain levels or types of clients, e.g. Older People, Older People with Mental Health etc. Current advice is that Homes will no longer have restrictions on service user types or age but that remains dependent on their ability to satisfy compliance against essential standards. As such, there is evidence that Homes will set out in their application to CQC the service user types and ages, and Care Trust staff or private clients involved in placing should ask to see details of the Statement of Purpose that should set out the limits.

8.3 Monitoring of homes will continue as previously within the Care Trust Contracts team with a balance of both re-active and pro-active work and a Risk Assessment that has been adapted to incorporate changes made by the new legislation under which CQC is working.

8.4 The changes in the role of CQC over the past 3 years have placed additional responsibilities and burdens on Commissioners. This is particularly true of the latest changes since 1 October 2010 in line with the Health and Social Care Act 2008 Regulations 2010. In particular the following should be noted as areas of concern and gaps in the ways in which the Trust's Commissioners can both safeguard people and assure quality:

- Removal of the Quality Rating Scheme used successfully with Providers for the last 2 years with the promised delivery of a new Scheme by 1 October 2010 not realised
- Inspectors relying on Owners to satisfy compliance and in the majority of cases all Requirements and Recommendations from the Care Standards Act removed
- Removal of recognised Professional Guidance for Providers on the CQC website e.g. Medicines Management and Medicines Administration Records
- No guarantees that a visit will take place by a CQC Inspector even after the minimum 2 year period during which Providers are to be reviewed
- The need in the growing distance of Regulation to increase pro-active monitoring and adapt a current Risk Assessment Scheme used within the Trust so that it may become robust enough to use for Commissioning purposes

8.5 The Department of Health Policy Research department has funded a Promoting Excellence in All Care Homes programme (PEACH). This will be concluded in March 2011 and the findings will inform discussions between the Trust and market. Of note is

the emphasis being put upon training of staff within this programme. This is an area that the Trust has had in place, sharing training with the sector for four years.

PEACH programme:

<http://www.panicoa.org.uk/panicoa-studies/promoting-excellence-all-care-homes-peach>

8.6 Whilst challenges are to be addressed within this sphere, examples of excellent joint working and mutual commitment illustrate how reshaping and avoidance of disruption for clients and unnecessary admissions can be achieved. The End of Life Care work with the homes is such an example ensuring that an increased number of care home residents are now able to die with dignity in the place of their choosing.

Appendix A7

9.0 DRAFT RECOMMENDATIONS

A series of recommendations are proposed for further discussion with wider commissioners and the market in the light of the regional output on market development and local focus:

- 1) Ensure well developed interaction with local care forum(s) and coordination of initiatives and projects to achieve change and recognise resource implications.
- 2) Ensure appropriate levels of resource and guidance given to the homes in implementing agreed initiatives.
- 3) Improve communication methods and conduits with the homes.
- 4) Encourage a single point of contact with providers – multi-provider forum and links to regional forums for learning and sharing of good practice and efficiency.
- 5) Parties commit to maximising transparency of strategy and data between commissioners and providers.
- 6) Provide access to shared systems wherever possible e.g. join and volume buying arrangements.
- 7) Engage the homes in reshaping the market, both tough decisions as well as innovation.
- 8) Maintain currency of emergency operating procedures within the Trust for home failures.
- 9) Engagement of the homes and the homes commissioners in the current safeguarding review.
- 10) Develop strategies to address the changes in regulation and the role of CQC (Care Quality Commission).
- 11) Maintain joint training initiatives by the Trust to support homes financially whilst communicating best practice and driving up quality.

- 12) Build on the intermediate care protocol with nursing homes to enable prompt discharge from hospital settings, increased reablement for more independence on returning home and reduced requirements for long term care.
- 13) Encourage early communication by homes with commissioners, over quality issues and where businesses maybe likely/deciding to exit the market.
- 14) Review the success of the pilot to survey homes and establish business options to determine the merits of further roll out.
- 15) Review asset base of care homes with forum – alternative and extended deployment of care skills and facilities – avoiding unnecessary hospital admissions and maintaining people in the community or receive them earlier from hospital.
- 16) Identify opportunities for care homes to develop condition specific skills to be able to maintain people in the community or receive them earlier from hospital.
- 17) Condition specific training to be implemented to avoid unnecessary hospital admissions, reducing disruption and trauma for clients as well as meeting dignity and choice agendas, e.g. End of Life Care.
- 18) Maximise regional links to commissioning, market shaping, sharing best practice, data and specifications.
- 19) Establish specification and methodology and resource requirements for quality monitoring in the new personalised and regulatory environment.
- 20) Take learning from the client and peer review work that has been done by both Learning Disability and Supporting People services.
- 21) Implement dementia training and support for all care homes.
- 22) Complete the development of a whole systems model to aid and focus discussion between systems parties.
- 23) Provision of a feedback mechanism available to the public to rate and comment on care provision including homes.
- 24) Close working with local accountants and care forum to establish clear view of occupancy level and danger points within the market.
- 25) Develop an outcomes based working approach to care homes contracting – the outcomes being those for the wellbeing and quality living of clients.
- 26) Train care providers in an understanding of outcomes to ensure coherent, consistent approach and understanding of language, definitions, application and staff training.
- 27) Determine the opportunity for assessed clients to have a personal budget to spend directly with care homes.
- 28) Review the learning from the Department of Health – Promoting Excellence in All Care Homes programme – PEACH.

- 29) Proactively support the rebalancing of the market in terms of numbers of homes, skills and staffing required as part of congruent commissioning strategy currently in development.
- 30) Seek support from LINKs to reinstate the Care Homes Residents' survey and identify what present residents think of their care, what they would improve and the decisions they would make if alternatives were available.
- 31) Provide a system for consumer feedback on care homes (Trip Advisor/Amazon.co.uk style reviews) and for care providers to be able to provide details of their business and offers to support client decision making and personalisation.
- 32) Work with GPs and hospital doctors in raising the awareness of alternative forms of care and the use of homes in the new environment to ensure people that people are not placed in homes inappropriately or for longer terms than required.
- 33) Seek a reshaping of the market with quality providers to enable the benefit and revenue streams of higher occupancy levels over constrained price inflation/fee uplift levels.
- 34) Identify the opportunity and ability to continue to pursue quality improvements through CQUIN (Commissioning for Quality and Innovation) style incentives.

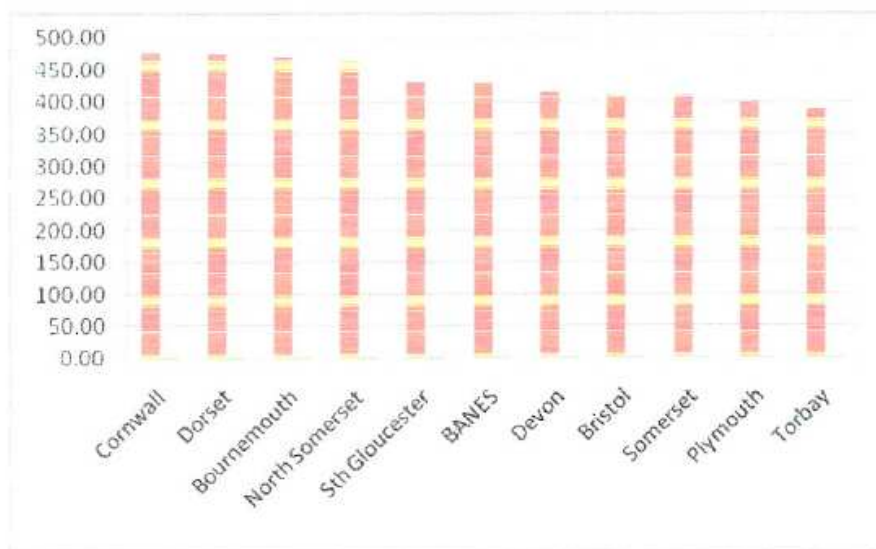
Head of Business Unit: Mandy Seymour

Title of Head of Business Unit: Director of Operations, Torbay Care Trust

Appendix A1

2009/10 General Nursing Home Fees.

The Graph below clearly illustrates Torbay as paying the lowest standard rate, excluding RNCC. Where banding levels are used, Middle Band has been taken and where fees have been awarded on Star Ratings, then 2 Star Ratings have been used.



The Table below shows Torbay as having the lowest rate across the 11 Local Authorities making up the South West.

	2008/09	2009/10	%
	£	£	Change
Cornwall	466.74	476.07	2.0%
Dorset	462.00	474.00	2.6%
Bournemouth	460.00	469.00	2.0%
North Somerset	448.10	464.23	3.6%
Sth Gloucester	417.00	431.00	3.4%
BANES	404.20	429.70	6.3%
Devon	405.20	415.33	2.5%
Bristol	397.00	410.00	3.2%
Somerset	395.20	409.88	3.7%
Plymouth	380.69	397.85	4.5%
Torbay	385.00	388.85	1.0%
Total:		<u>£4,765.91</u>	
Average:		£433.26	
Torbay:		£388.85	
Shortfall:		£44.41	
% Rate of Increase Req'd to Match the Avg. Rate:		11.42%	

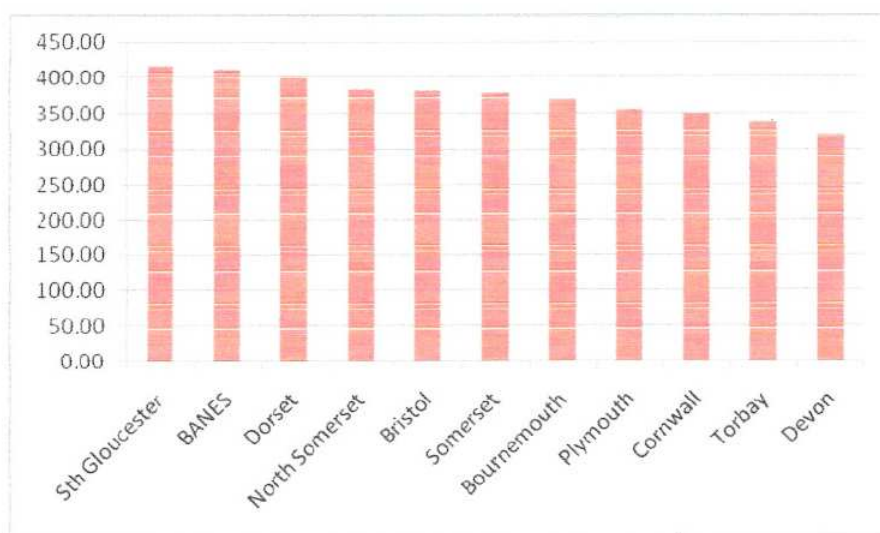
Note: North Somerset offered an increase of 3.6% which was rejected by the Providers and the dispute is now being determined by an Arbitrator who has been appointed. We have therefore used the fee offered of £464.23 in the table above although this figure has not been included in their published rates.

Appendix A2

2009/10 Residential Home Fees.

second

The Graph below clearly illustrates Torbay as paying the/lowest standard rate. Where banding levels are used, Middle Band has been taken and where fees have been awarded on Star Ratings, then 2 Star Ratings have been used.



The Table below shows Torbay as having the second lowest rate across the 11 Local Authorities making up the South West.

	2008/09	2009/10	%
	£	£	Change
Sth Gloucester	403.30	417.00	3.4%
BANES	388.52	413.00	6.3%
Dorset	391.00	401.00	2.6%
North Somerset	369.34	382.64	3.6%
Bristol	370.00	382.00	3.2%
Somerset	368.00	379.27	3.0%
Bournemouth	362.60	370.00	2.0%
Plymouth	334.73	355.76	3.2%
Cornwall		350.00	
Torbay	334.73	338.08	1.0%
Devon	311.50	319.50	2.6%

Total:	<u>£4,108.25</u>
Average:	£373.48
Torbay:	£338.08
Shortfall:	£35.40
% Rate of Increase Req'd to Match the Avg. Rate:	10.5%

Note: The rates for Cornwall were obtained over the telephone. Those published for March 2009 Residential were not adopted.

Appendix A3

Commissioning for Quality and Innovation (CQUIN)

A Commissioning for Quality and Innovation (CQUIN) for Care Homes scheme has been developed (2010/11) to reward genuine ambition and stretch, encouraging a culture of continuous quality improvement in all Homes. The care homes scheme is the first of its kind in the country and has attracted comment from the department of health for its innovative approach. It has been made available to all excellent, good, and adequate rated residential and nursing homes in the bay.

Six Indicators were identified for this year's scheme.

The six indicators focus on the following key areas:

- Training
- Innovation & Client/User Experience
- End of Life Care (EOLC)
- Nutrition
- Safeguarding
- Essence of Care
-

All homes were asked to submit evidence against five out of the six indicators successfully to be considered for the incentive payment.

Key Benefits

The benefits of undertaking this scheme include:

- § Improved care for residents through ensuring mandatory and non-mandatory training is in place for all relevant staff.
- § Improved engagement with residents and their carers to enable more choice and control in the care they receive.
- § A better understanding of the Gold Standards Framework (GSF) and the importance of EOLC. A key person from each of the homes will engage with the trust and ensure the home is well informed in EOLC and any initiatives that are underway.
- § Improved Nutrition for residents in the homes and the care offered to them.
- § Better planning of safeguarding incidents in the home.
- § Continuous improvement in the care for clients through the use of the essence

What does it mean to be a Successful CQUIN home?

Successful homes will benefit from being a CQUIN care home as follows:
They will receive

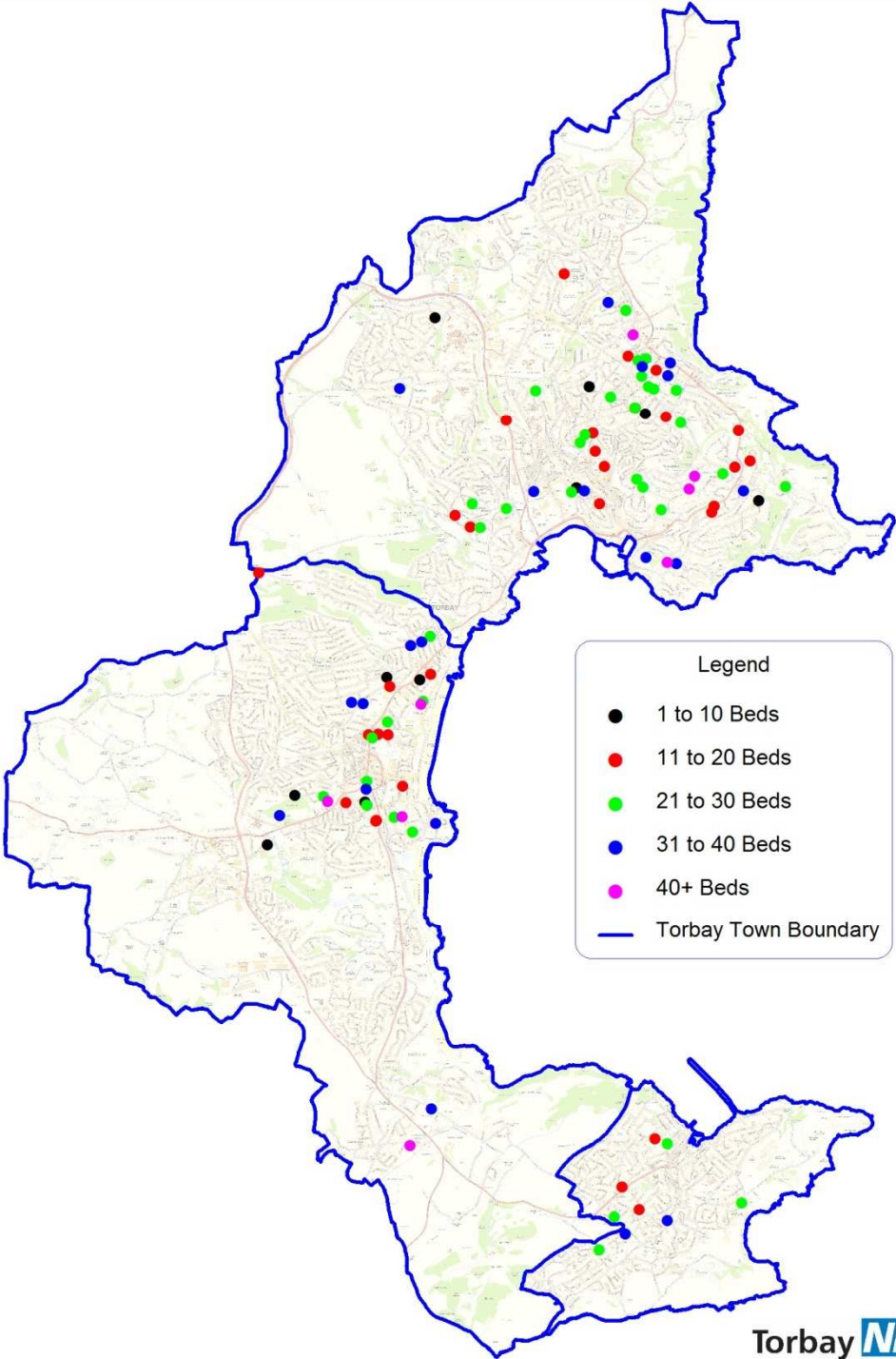
- § The incentive payment of 0.75% of their contract value.
- § Certificate of Achievement
- § Feedback will be given to CQC on all successful CQUIN homes
- § Successful CQUIN homes will be well highlighted within the Trust

Following the success of this scheme, the Trust will be reviewing this with the homes and considering areas for a future CQUIN such as an emphasis on Dementia care and other key development areas for the care homes.

Appendix A4

Distribution of Care Residential and Nursing Homes by Bed Numbers

TORBAY REGISTERED CARE & NURSING HOMES (FEB 2011)



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Appendix 5

Care Homes Structural Survey and Valuation – Market Shaping Project

To assist care homes the Care Trust and Council offered support to Care Homes to provide:

- § A survey of their home
- § Planning advice as to the options available
- § Home survey as to the maintenance, costs and investment required
- § Redevelopment options – covering access issues, planning consent
- § Valuations in line with potential variations of use

Reasons for the change

In 2010 multi provider conference (The Evolving Market) facilitated by the Trust, a 'Whole Systems Modelling' approach was introduced. Key presentations outlined the need to manage the reshaping and development of the market in line with population trends, local and national initiatives and the personalisation agenda.

The following message was conveyed to the market:

Care homes are facing pressure with increasing costs and the search for new placements to ensure high levels of occupancy as well as considering the way in which care will be provided in the future.

There is the option to allow the market to balance itself over the course of the next 24-36 months. However, the commitment to quality and care for clients necessitates a more proactive and supportive approach between partners.

The following stages to an assessment of the homes in the Bay to contribute to this include:

- Homes considering their alternatives and business options to respond to the market developments and personalisation
- Produce a bed model for the number of beds that are likely to be required in the light of improvements in rehabilitation and technology over the next 3 years.
- Determine funding streams and lines of support for those homes that wish to consider alternative business models or exit strategies

Care home bed numbers are likely to reduce significantly and whilst these are difficult messages to communicate, and people's lives both residents and owners' and their families are affected by this, an open, transparent and partnership approach will be the most likely way of achieving the best outcomes for all.

Progress with the survey and valuation

The proposed changes can only be driven by the home owners. The advice and guidance offered is only that. The home owner will make decisions on the future of his business based on all the information he has available regarding the changing market and will evaluate how they should proceed.

40 interested homes registered an interest for closer working with the Trust on this project and 17 have applied. These were evaluated and 6 were selected based on their future visions which matched the required criteria. The reasons for the 6 applying and being allocated this support are shown below:-

Care Home	Reason for applying and rationale for receiving funding
A	Retirement and the existing business is no longer viable
B	Home owner looking to retire for health reasons
C	Building does not fully comply with CQC requirements plus additional wish to renovate building into flats with floating support provided
D	The Provider has considered leaving the care business
E	Existing business is no longer viable
F	Considered exiting the market and looked at alternative uses for the building. Occupancy is relatively low

The criteria used to select the 6 homes were as follows:

- whether they were looking to exit the market;
- contract management history;
- proposal/ reason for change;
- backlog maintenance to the home;
- whether the building would meet CQC re-registration standards;
- Their current CQC quality rating.

There will still remain a very large number of care and nursing homes for potential residents to select, and that is further supported by the fact that even the homes selected to receive the available funding to provide a survey and valuation may not act upon any of the information given. Consequently this would not put any strain on other local services at this stage.

An outside surveyor has visited 5 of the 6 selected homes. The 6th home subsequently decided withdrew from the project. The findings of the surveys have been discussed with the Council planning department to explore what alternative options are available to these 5 homes.

A professional valuation is now being arranged on the homes to contrast the value of them currently with their value if their use was changed. Reports on these homes will then be prepared and these will be shared with the Care Trust and the homes and facilitate further detailed discussions. It is clearly a decision for the homes then on how they want to proceed.

The Council and Care Trust can then consider whether a further set of homes should be given the same opportunity as these 5 or whether further support should be focused on helping these 5 more.

Successful outcomes

Already from the 6 homes 1 has decided to de-register and another is considering switching to providing independent living accommodation. There is likely to be further positive progress with the homes when the reports are produced and considered further by the homes.

Appendix A6

Torbay Quality Care Forum feedback

Words directly from the Care homes –*completed and sent by TQCF – 21st February 2010*

<p>CQUIN</p> <p>How has this helped</p> <p>How is it viewed</p>	<ul style="list-style-type: none"> • It is difficult to say how CQUIN will have helped Care Homes until we have had feedback of the number of homes that have completed the forms. • Care Homes were interested for the fact that they would be “recognised” as having completed the CQUIN process. • Depends on the home, those more dependent on the public purse, with most measures in place, it has turned out to be less time consuming than thought. Finance department within the PCT must hit their deadline of payment in April, no excuses • The Care Trust would pass on those that have completed the process to the CQC. The monetary incentive is appreciated but the cost in time and monies in terms of non-mandatory training will outweigh the monies received. • Homes believe that the ‘jury is out’. It seems perverse to add what are, in effect, mandatory requirements of quality when these should have been included in the revised CQC Standards. There should be one system to report and evidence good practice, not two.
<p>Use of Care Trust and combined Training</p>	<ul style="list-style-type: none"> • The Care Trust training has been excellent but the mandatory courses availability is becoming an issue. • Mandatory training is just that, so it has to be achieved and maintained going forward despite any cuts. • Torbay Care Trust obviously have first refusal on these mandatory courses and therefore space and timing can be an issue • For training to be effective it needs to be consistently and universally available, which does not seem to be the case.
<p>Messages the homes want the Trust to hear</p>	<ul style="list-style-type: none"> • The message “Homes will continue to play an active role in Adult Social Care” moving forward would be desirable. • Homes are keen to work together with the Trust to be a “Partner” but homes wish the Trust to be “clear” in order to clearly understand what the future is for this sector. • The financial pressures that homes are and will be feeling needs to be understood by the trust, good and excellent homes will go into receivership in the coming year if not supported by

	<p>active commissioning</p> <ul style="list-style-type: none"> • Good and excellent Homes continue to provide an important and cost effective element to the entire care offering, particularly for those with dementia and physical disability; whose quality of life is significantly improved.
Messages the homes want OSC/council to hear	<ul style="list-style-type: none"> • It would be nice to have the Trust stating their support for Care and Nursing Homes to the OSC/Council. • Obviously choice is vital but inclusion in this choice should be recognised.
How homes see the future	<ul style="list-style-type: none"> • Homes recognise that the current economic climate is having a large impact on all services nationally. • In the uncertain environment investment and diversification is vital in order to remain viable. • Extremely challenging in the short term in an uncertain environment. It appears that cost is becoming disproportionately more important over quality.
What gets in the way	<ul style="list-style-type: none"> • Occupancy and therefore cash flow are such an important consideration to meet the largest expense – staff. Keeping good quality staff and making sure that they are adequately trained. • There has never been a greater need for referrals from the Trust. • Occupancy/ occupancy and occupancy.
What will help homes move forwards to a new way of working	<ul style="list-style-type: none"> • It is important that the Trust communicate initiatives and partner with the TQCF to ensure homes are able to provide care in the best way possible. • Consistency. If the Trust wants only Good and Excellent Homes then be proactive in supporting them.
Reflections on the past and present relationships	<ul style="list-style-type: none"> • New initiatives are rolled out but the outcomes from these initiatives are often not communicated. For example the Day Care discussions that have taken place in the last 24 months have involved several meetings/calls/emails with no feedback. • Similarly community hubs were the big issue, we spent several thousand of £'s to be part of that process, only to find that it is no longer 'flavour of the day' • The relationship often feels like that which a minnow has with a shark.
Methods of interaction	<ul style="list-style-type: none"> • Communication has been with the Trust via the TQCF, via emails, phone and face to face meetings.

Between Trust, Council, Homes, other provider types	<ul style="list-style-type: none"> • Interaction cannot be so dependent on one man, JB, in his absence everything seemed to be on hold • Communication is a two way activity to be effective. We try to respond to everything we are asked to in a professional and timely manner. This does not appear to be reciprocated.
Development of the fee strategy	<ul style="list-style-type: none"> • Fees remain an issue in so far as they so low that they make it unviable to homes that wish to be well staffed and provide the innovations that will enhance the lives of residents. • If fees were to decrease in the short term, does this break the trusts contract with us? • Higher fees would enable homes to provide the choices and flexibility for residents which have been much discussed in recent years. • Homes don't believe there is a strategy from one year to the next.
Working with the frontline teams	<ul style="list-style-type: none"> • The interaction between social workers, district nurses, finance and brokerage has been a positive experience. • They are the human face of the Trust, and heroic in their efforts.
Best practice sharing from across their own sector	<ul style="list-style-type: none"> • This has worked well with the Matrons Forums and the inclusion in the Infection Control scheme. More initiatives like this would be welcomed. • The Palliative care trial which was carried out was excellent well received and provided valuable training, I believe the funding was pulled • ACCESS to best practice MUST be improved.
What are the customers and prospective clients asking / looking for	<ul style="list-style-type: none"> • Homes have found that customers and prospective customers are looking for higher quality rooms that are value for money. There has been a trend for prospective customers to be more knowledgeable of the care system and have access to different mediums to find out about "care" so when they visit homes they are more prepared often with a list of questions which are relevant to their needs. • We have had families placing their parents whilst abroad, the power of the www • When placing a relative in a Home most expect and institution and are surprised just how much like home a home can be! •

What support/knowledge do homes need to meet the challenges and change direction	<ul style="list-style-type: none"> • Homes have to know the direction that the Trust is looking to follow to enable the homes to tailor the provision of care to the needs of its future customers. • We would like the Trust to invest in a new crystal ball.
How does Torbay sit against the national picture	<ul style="list-style-type: none"> • Very poorly, and continues to slip down the comparative fees table, meanwhile the population of ^ 75's continues to grow in numbers and %. • The Trust presents a more positive picture than providers perceive.
What are the homes proposing to meet the financial challenges with the public sector downsizing/finances contracting – e.g. joint and volume purchasing	<ul style="list-style-type: none"> • Homes are cautiously working within the economic downturn and investigating avenues that enable them to reduce costs wherever possible without being to the detriment of quality. The TQCF is exploring joint/volume purchasing for utilities, food etc. However homes are generally reviewing all significant bills which are analysed for possible savings. • Most Homes have revised their Business Plans to rely less on public finance, and economising in EVERY area that regulation allows.

Appendix A7

End of Life Care – Joint Working

A competency based pilot end of life care training programme was delivered to 3 nursing homes within Torbay Care Trust between January and July 2010.

The comprehensive training took the form of the completion of Individual Competency Portfolios by participating care homes staff, and was delivered an appointed nurse facilitator, complimented by relevant specialist sessions covering disease specific symptoms and management, breaking bad news, carer and family bereavement support, care of the deceased, and funeral arranging. Regular support was provided to the staff and the matrons throughout the programme.

A baseline audit prior to commencement of the programme found only 2% of the staff had received training in end of life assessment and symptom control. None had received training in communication and Advance Care Planning.

Of the 90 care homes staff, 60% participated in the training programme. 43% (50 staff) completed the whole Individual Competency portfolio and submitted their work for summative assessment. The remaining 17% received training in a number of key areas of end of life care.

In parallel with this training an Organisational Portfolio was compiled by each of the 3 participating nursing homes. This was seen as evidence and recognition of changes to practice within the care homes. It also facilitated reflection of how the care homes performed as a team, and enabled staff members to see and understand their participation within the whole organisation.

Following this educational programme, improvements have been demonstrated in end of life care knowledge and practice. Staff feel valued as part of the integrated Torbay end of life care services, fostering better working practices and implementing change.

A number of new end of life care tools and processes have been developed with the nursing homes staff through the programme which already have, or can be incorporated within end of life care practice across TCT, facilitating improved care and communication.

Closer partnerships and improved communications between GP's, care home staff and multidisciplinary teams have been forged. Carer satisfaction has been noted, and a competent and confident care homes workforce is working within a "whole team" approach.

This project has been well supported by Torbay Care Trust, and plans are to extend the training to all nursing homes within TCT.

In recognition of her dedication to improving care for patients at end of life and innovative practice demonstrated through this pilot, we are very proud that our Nurse Facilitator, Louise Davis, has been awarded the title of Queens Nurse enabling her to influence nursing practice and care at a national level.