Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 18<sup>th</sup> January 2024.

Wards affected: All

**Report Title**: Residential and Nursing Care home overview.

When does the decision need to be implemented: Update requested by Scrutiny Board.

Cabinet Member Contact Details: Cllr Hayley Tranter

**Director/Divisional Director Contact Details:** Report by Lee Baxter, Divisional Director, Adult Social Care. Sponsored by Director of Adult Social Care, Joanna Williams.

#### 1. Purpose of Report

- 1. To provide the Scrutiny Sub-Board with information regarding how the care home market currently supports us in meeting individual's needs.
- 2. This report serves as an overview of current performance including capacity, quality and cost.
- 3. The report will highlight any emerging risks and associated mitigations.

#### 2. Reason for Proposal and its benefits

- 2.1 The information in this report and attached data is available to provide Members with assurance and an overview of this important market within our health and social care system. It is important that we share its achievements and challenges.
- 2.2 This paper will support addressing the questions around quality and value for money.

#### 3. Recommendation(s) / Proposed Decision

- 3.1 This is for information only.
- 3.2 For Members of the Board to note the contents of the report.
- 3.3. Officers to follow up any requirements from discussions or specific actions from the Board.

# Supporting Information

Appendix 1.

CQC ratings of our care home market.

#### 1. Introduction and summary

- 1.1 The care home market (in Torquay, Paignton and Brixham) is made up of 76 care homes, commissioned by the Integrated Care Organisation ICO (on behalf of Torbay Council). The market is split into two main groups. Residential care homes (73%) and Nursing care homes (27%). The makeup of this market equates to 82% of the beds being for older people, 11% for people with a Learning disability and 7% specialising in mental health. Care homes are inspected by CQC as they provider regulated care. People can be funded in a number of ways; privately, by the local authority and/or the NHS (Funded Nursing Care towards those in Nursing placements, Continuing Health Care CHC funding for those who are eligible as per national guidance/framework or Section 117 aftercare (Joint funding with Mental Health commissioners). Some people living in care homes within Torbay may be funded from other LA's or NHS systems.
- 1.2 Under the Care act 2014 The care home market is overseen by the Local authority. In Torbay we have contracted the ICO (Torbay and South Devon NHS FT) to carry out some aspects of this including contract management and monitoring. The ICO have the Delivery, Markets, Contract and Quality Team who are building procedures and policies into the Care Home market.

The council retain a strategic commissioning function to help horizon scan, stimulate and develop the wider market, which includes care homes.

- 1.3 We access care home beds following either an assessment in the community or as part of a discharge to assess model currently used for Hospital discharge. The assessment will indicate a level of need, this assessment may need a shared assessment between health and social care. This assessment will also determine funding responsibilities.
- 1.4 Follow up assessments will be maintained either at the point of annual review or at a point that the individuals needs have changed.
- 1.5 People living in a care home will be registered with a local GP and their health needs will be supported by the local NHS.
- 1.6 Performance and safety of discharges from hospital to care homes or other provision;

From a performance perspective Torbay has a proven track record in supporting people to be discharged from hospital in a timely manner. Although the data is variable the Torbay Council footprint maintains a good level of performance around the % of people who do not meet the criteria to reside in hospital (6% combined with South Devon as at the 18<sup>th</sup> Dec 2023), and a close to 2 days average Time To Transfer (TTT) out of hospital across all pathways combined. This performance level is consistently better than other parts of the peninsula.

1.7 Learning from transfers to and from hospital.

There is wider work going on between provider agencies and the NHS to look at improving transfers of care across the system. This work is focused on all transfers for vulnerable people across the care home and hospital systems. This includes looking at ward procedures, information, funding processes and transport.

The experience of those who are being discharged is a significant factor and one that we need to pay attention to in ensuring that we maintain a true strength-based approach to care across the system. Some of the key indicators for success here are around ensuring the most people go home and that we support a 'home first approach'. The data produced by the Integrated Care Board (ICB) demonstrates that the trust is meeting its daily targets against each discharge pathway. However further work is needed to increase the reablement at home offer, to reduce the number of short-term placements made into residential and nursing care homes.

There is a piece of work currently being carried out to hear the views of people and families who have been transferred into care homes in Torbay specifically aimed at looking at how we can improve the transactional nature of our processes by co-design with those with lived experience.

1.8 Safe Care from a market management perspective involves ensuring the market is capable of providing appropriate and safe placements in our locality. Ensuring the sustainability and financial viability of services. The role of Safeguarding, QAIT and Contract management is to mitigate the risk to both the individuals themselves living within the sector from harm or neglect but also to protect the commissioning bodies (the LA, the NHS and other parties) of reputational and/or financial downturn potentially resulting in partial collapse or full closure of services. This would of course involve movement of clients to alternative provision, potentially negatively impacting their safety, health and welfare.

## 2. Overview of the market

This section of the report provides a summary of the successes and challenges in this market.

- 2.1 Challenges we face are multiple and complex to solve.
- a. Increasing costs driven by increasing demand. This can be attributed to two main drivers. Firstly, the increases in our older people within our demographics, this cohort of people have increased needs linked to comorbidities including dementia, long term medical conditions, and frailty. Secondly increased pressures through the NHS system to discharge people quickly (based on a discharge to assess model which aims to provide rehab and then assessment for any longer-term care needs outside of a hospital setting). Clearly both factors impact on one another.
- b. Type of care home provision available versus the current needs of the population. Our strategic plan suggests a move away from traditional residential care towards more supported living environments that allow people to maintain independence as much as possible whilst still being able to access levels of care to support and meet their physical needs. Within the Nursing category of care, we need to develop a higher range of skills to support increased physical and mental heath needs. This links to the first point around increases in dementia and complex long-term health conditions. These changes to the shape of the market will lead to better outcomes and a more sustainable and affordable market.
- c. Skill set within the workforce. Both the Council and the ICO need to be aware and able to identify gaps in staff skills through auditing of their training programmes. This information will assist us in strategic planning for the future development of the types of care facilities and care sector workforce that we need in line with our expected demographic trends. A large number of individuals entering residential care have complex long-term needs requiring highly skilled staff. It is therefore imperative that The ICO and Torbay Council find ways to make systemic change that prioritises upskilling care staff alongside any structural development within the sector. Creative thinking and engagement with the educational, health and voluntary sectors will be essential to finding solutions to complex problems that stretch across the locality.

## 3. Financial Opportunities and Implications

- 3.1 There is considerable risk within the care home market as prices rise in line with demand.
- 3.2 We need to be clear about our strategic plan and commonly work towards it using all partners and internal parts of the council. Torbay Council has a published Market position statement 20021-24 (available on our website) that sets out to our providers our plan moving forward. The Three main approaches being 1. Increase use of Enabling housing-based models. 2. Increase the number of people maintaining the own independence (advice, guidance, voluntary/community support, use of equipment and/or tech to meet needs in the first instance). And thirdly (3) reduce the systemic use of residential care to meet social care needs by prevention or delay.
- 3.3 Our risk share agreement with the NHS relies on us finding cost effective and sustainable ways to meet peoples care needs. We are reliant on each other to ensure best practice

and outcomes for people are also the most cost effective. The Council is committed to working in a way that promotes well-being, independence and recovery.

#### 4. Legal Implications

- 4.1 The council has a statutory duty around safeguarding for all, but clearly where there are high concentrations of vulnerable people attention must be paid to support in a proactive manager.
- 4.2 The Care Act 2014 places a duty on us to:

Facilitate a diverse, sustainable high-quality market for their whole local population and to promote efficient and effective operation of the adult care and support market as a whole. They must also ensure continuity of care in the event of provider failure.

#### 5. Engagement and Consultation

5.1 Contract Management via the ICO will enable the Council to be assured that there is a strong relationship with Care Home Providers which sets clear expectations for both partners and the ability to hold each other to account regarding duties of care and sustainability. This work is designed to promote quality services in Torbay.

Over the previous 6 months 39 homes have had a face-to-face meeting with a Contract Manager. The remaining 37 will be completed in 2024 and a schedule of meetings will be implemented based on a priority assessment by a value/risk matrix.

## 6. Purchasing or Hiring of Goods and/or Services

6.1 Not applicable to this briefing.

## 7. Tackling Climate Change.

- 7.1 Not applicable for this briefing.
- 8. Associated Risks and other information

A large majority of these services have worked with the Council and ICO for many years; it would not be unreasonable to say that the majority have been caring for socially funded clients for the last 20 years. Although this can bring a wealth of knowledge to our area it also brings its challenges when it comes to progression, improvement and diversification of services to meet the current care and support needs of our local population. The Council's commissioning team work alongside the ICO to monitor, manage and supports these services to remain stable and to be constantly improving in the key areas of safety, quality of care and person-centred care delivery.

8.2 In line with our Market position statement we have further work to do shaping the market to meet future demand.

# 9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	X		
People with caring Responsibilities	X		
People with a disability	X		
Women or men			Х
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)			X
Religion or belief (including lack of belief)			X
People who are lesbian, gay or bisexual			X
People who are transgendered			X
People who are in a marriage or civil partnership			X
Women who are pregnant / on maternity leave			X
Socio-economic impacts (Including impact on child poverty issues and deprivation)			X
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			X

## 10. Cumulative Council Impact

10.1 None

# 11. Cumulative Community Impacts

11.1 None

Updated by

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