



LCR ASC INTEGRATED COMMISSIONING

PRIORITY 3

REDESIGNED CARE HOME SECTOR

OVERVIEW OF PROGRESS

Priority 3 – Redesign Care Home Sector – care market that provides quality, cost effective nursing care

The care market will be jointly commissioned with Health and focussed on the delivery of nursing care

WHY?	WHY?	WHY?
LCR has an unacceptable number of people placed in residential and nursing care homes rated Requires Improvement or Inadequate	High level of Requires Improvement or Inadequate ratings due to Leadership; and high number of homes have no registered manager in place	LCR has low levels of bed vacancy in nursing/ EMI provision therefore any closure impacts on wider health system and neighbouring areas.
How?	How?	How?
Introduce system and market analysis (Data Warehouse) to inform sub regional and local knowledge of current care market	Work with C&M Care Home Improvement Group to support for registered homes: <ul style="list-style-type: none"> Registered Manager training Medicines Management care home improvement events 	Work with C&M Care Home Improvement Group: <ul style="list-style-type: none"> Share performance and intelligence information across the H&SC system
Share best practice through LCR Care Home Improvement Group; and regional Self-Assessment against the Enhanced Health in Care Homes framework	Develop a system wide plan to address workforce issues facing Independent Care Sector: <ul style="list-style-type: none"> Recruit Retain Grow 	Develop resources and information to help local areas prevent and manage market failure: <ul style="list-style-type: none"> Market intelligence re shared providers On line bed vacancy information Emergency contact information Contingency planning workshop
Impact to date?	Impact to date?	Impact to date?
LCR has seen a 13.1% increase in the number of beds rated Good or Outstanding (Oct'17-April'19) LCR has the highest number of beds rated Good or Outstanding in the North West in small homes (under 10beds); and the highest number in medium homes (under 50 beds). However, the region has the highest number of beds in large homes (50+) rated RI or Inadequate	There has been an improvement in terms of homes meeting CQC standards re Well Led. However, this is to be expected in the context of an overall improvement in ratings of 13.1%. This continues to be the highest reason for homes failing to meet CQC standards. The number of registered manager vacancies (Sept18-May'19) has remained fairly stable and at a similar level to the majority of LAs in the NW.	Good communication and support Network are in place Work to date has improved commissioners knowledge of neighbouring markets and potential risks

Care Homes

Initial work focussed on the potential to standardise local quality assurance systems and processes. The care home improvement group, shared information and practice in a series of workshops and meetings. It was determined that it wasn't practicable to develop a single approach to quality assurance as the level of resource and wider support systems varied in each LA. However, the work informed service reviews across the region to improve LA quality assurance systems.

The group worked together to develop a universal **Quality Assurance Self-Assessment Tool for the external care market**. The intention of this exercise was to enable care homes to manage and know their own performance, monitor trends and be able to give LAs more information, in particular in respect to staff turnover and staff training. However, following Soft Market Testing it was agreed that each LA continue to develop their own tools at a local level.

Local areas (Health & SC) were supported to complete a self-assessment of good practice in respect to wrap around support for Care Homes using the **Enhanced Health in Care Homes (EHCH)** framework. The information was shared across the health and social care system to inform local Care Home Improvement Plans. For example St Helens shared their **head injury protocol**, (protocol was approved via the CCG), with all homes signing up, since it has been operational improvements have been reported. [[Appendix 1](#)]

A workshop is scheduled to take place on 03/09/19 relating to **contingency planning** focusing on:

1. Vulnerable people requiring support to vacate homes in the event of a fire
2. Is registering new builds with the CQC an issue across LCR?
3. Excellence in Ensuring Resilient Markets and Responding to Provider Failure
4. Potential to develop a Care Taker Framework

Workforce

Workforce issues, in particular the **recruitment** and **retention** of care workers and social workers, has been identified by all six of authorities as a key risk to sustainability of the sector and is recognised within the regions ASC Transformation plan as a key enabler. It was recognised that there was good work going on in different areas across the sub region but there was no coordinated approach to address workforce pressures.

Key factors which impact on recruitment highlighted include (Skills for Care Consultation 2018):

- Perception of low pay
- Not enough people for vacancies
- Perception of poor terms and conditions of employment
- Lack of awareness of different roles
- Candidates expectation did not meet reality of the work
- Applicants did not have a genuine interest in the role or lacked the right value base

Local Challenges

- Perception of social care 'Cinderella service'
- Turnover rates & ageing workforce
- Social care is one of the biggest employers in the LCR but still struggle to recruit to fill vacancies
- Social Care staff are some of lowest paid workers – impact on retention
- Impact on budgets of high turnover rates and associated recruitment costs
- Lack of recognition by health of the key role social care plays in supporting key NHS targets e.g. Reducing unnecessary admissions, Bed blocking & winter pressures
- Social care used as a stepping stone into health jobs
- Rising operational costs (including National Living Wage) – out of line with rises in fee rates
- Managing the demand for services and growing complexity of needs
- Addressing health inequalities
- Unsocial hours of work – Impact on uptake of jobs by young people
- Outcome- staff leaving the job within first year!

LCR held two workshop sessions in July' and October 18 with partner agencies to capture possible actions. The actions identified were categorised from the report published by NW ADASS – ***Creating a world class workforce for the North West***. [\[Appendix 2\]](#)

1. Social Care Workforce
2. Social Workers
3. Informal or unpaid Workforce including carers

At the follow up Workshop in April 2019, providers were invited in order to help identify key priorities to take forward, it was also proposed to categorise work streams as **Recruit, Retain** and **Grow**, in line with work across GM. [\[Appendix 3\]](#)

LCR are working closely with GM, Health, the Combined Authority C&M Social Work Partnership and NW ADASS to capture work already progressing and to ensure there is no duplication.

The next stage:

- Obtain feedback from GM relating to their action plan for the three work streams (recruit, retain & grow)
- Identify LCR work stream leads, set up task and finish groups to start to address some of the key priorities

REF NO	PRIORITY 3 - REDESIGNED CARE HOMES KEY ACTIONS	COMMENTS
P3 a	Initial focus will be to stabilise the market by applying a consistent model for the cost of care across the Liverpool City Region	<ul style="list-style-type: none"> • Different models for assessing 'cost of care' have been shared. • Finance leads now discuss uplifts to cost elements within the model: pensions, inflation, NLW. • Actual cost of care is determined at a local level taking into account factors impacting the local market.
P3 b	Enable registered homes to self-assess and report on quality	On Hold
P3 c	Develop a LCR Performance Dashboard for residential and nursing care homes	<ul style="list-style-type: none"> • In process of developing suite of reports from data warehouse • Receive NW ADASS reports on CQC ratings • Six Steps Performance Framework being developed by performance leads
P3 d	Commissioners and Finance leads will work with health to model the cost benefit to health of reconfigured services; and agree a new joint model for the cost of residential nursing care	On Hold
P3 e	Agree a joint framework to evidence good quality care in care homes	Removed as an objective
P3 f	Agree a new model for the cost of residential care for people with complex needs	<ul style="list-style-type: none"> • To be picked up with vulnerable adults work (based on work undertaken in Wirral)
P3 g	Work with Health to link care homes to primary, community and hospital teams	<ul style="list-style-type: none"> • Completed self-assessment against Enhanced health in Care Homes Framework – action progressed at local level via joint care home improvement groups
P3 h	Establish systematic analysis of the LCR care home market	Complete
P3 i	As work progresses on community alternatives to residential care, commissioners will engage with the market at an LCR level to identify opportunities to remodel.	<ul style="list-style-type: none"> • Tripartite engaged with market re home care and extra care. • Complex Care Project will engage markets across LCR
P3 j	Develop LCR Memorandum of Understanding in relation to At Risk and Failing providers	<ul style="list-style-type: none"> • Support systems in place in respect to at risk or failing providers. However, there is no formal agreement (MOU) in place that sets out expected responses/actions for each party in the event of provider failure.
P3 k	Undertake a sufficiency analysis to identify gaps in bed based provision across LCR and work with strategic housing to explore capital options to meet gaps.	<ul style="list-style-type: none"> • Alder Market Analysis complete • Need to engage with Housing and Health to agree strategy and meet the gaps • Potential to commission Sufficiency Analysis
P3 l	Commission a consistent model of residential and nursing care across LCR	On Hold
P3 m	Commission specialist residential care across the LCR	<ul style="list-style-type: none"> • To be explored as part of the Complex Care Project.