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| KIRKLEES HEALTH & WELLBEING BOARD |
| MEETING DATE: 28 April 2016 |
| TITLE OF PAPER: Kirklees Joint Strategy for Older People's Care Homes |
| <p>1. Purpose of paper</p> <p>The Kirklees Joint Strategy for Older People's Care Homes, has been jointly developed between Kirklees Council, North Kirklees Clinical Commissioning Group and Greater Huddersfield Clinical Commissioning Group. It outlines the shared approach that these three partner organisations will be taking to the ongoing development of care homes for older people within Kirklees.</p> |
| <p>2. Background</p> <p>The attached strategy has been written in response to the difficulties currently being experienced within the older people's care home sector, both in Kirklees and across the country as a whole.</p> <p>It has been jointly developed by commissioners in the Council and the two Kirklees Clinical Commissioning Groups (CCGs) in order to:</p> <ul style="list-style-type: none"> • clarify our shared vision for the role of care homes within Kirklees, now and into the future; • recognise the role that care homes play in supporting older people; • jointly agree actions that are needed to address the current pressures within the older people's care home sector. <p>It should be read in conjunction with the Council's Older People's Accommodation Strategy (referenced in the document) which takes a wider view of the accommodation needs of older people across Kirklees. Further products will be developed including a market position statement to guide providers and a detailed implementation plan to deliver the actions.</p> <p>Key issues that the strategy highlights and aims to address are:</p> <ul style="list-style-type: none"> • recruitment and retention of a suitably skilled workforce; • the need for greater co-ordination across health and social care organisations of the support / input to older people's care homes; • the impending increases in demand for care arising from the ageing population; • the scarcity of certain types of provision – in particular growing demands for, and diminishing supply of, nursing provision for older people with dementia; • the context of diminishing resources within the public sector. |
| <p>3. Proposal</p> <ul style="list-style-type: none"> • that the contents of the strategy are noted; • that the strategy is endorsed by all partners; and • that all partners consider their role in delivering the action plan within the strategy. |
| <p>4. Financial Implications</p> <p>No immediate resource implications – though the strategy refers to the ongoing issues concerning viability and fee rates.</p> |
| <p>5. Sign off</p> <p>Both CCGs have contributed to the strategy and it is being signed off by the two Clinical Strategy Groups. Cllr Viv Kendrick has confirmed that she is happy for it to come to Health and Wellbeing Board.</p> |

6. Next Steps

As noted in the strategy, work is now progressing on the implementation of actions within the action plan. Work is also underway on the development of a shared Market Position Statement to help guide the older people's care home sector.

7. Recommendations

- that the contents of the strategy are noted;
- that the strategy is endorsed by all partners; and
- that all partners consider their role in delivering the action plan within the strategy.

8. Contact Office

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Kirklees

A Joint Strategy for Residential and Nursing Care Homes for Older People 2016



*Greater Huddersfield
Clinical Commissioning Group*



*North Kirklees
Clinical Commissioning Group*

A Message from the Kirklees Health and Wellbeing Board

At their best, older people's care homes provide an enriching, safe and caring environment where we can be certain that our loved ones (and potentially ourselves in the future) can live fulfilling lives.

As our population gets older, it is increasingly challenging to make sure that we have enough of the right resources in place to make sure that all care homes are able to offer this.

We recognise that care homes in Kirklees, in common with the rest of the country, are facing very real difficulties – in recruiting and retaining the right workforce; in being able to support older people with increasingly complex needs; in having enough resources to remain viable as businesses; and in creating and sustaining a suitable environment to meet these changing needs.

We are committed to working together, across health and social care services, with the people of Kirklees and with care home providers, to address these challenges and to deliver our strong, shared vision for the role of older people's care homes now and in the future.

We endorse this strategy which has been prepared jointly by commissioners in the Council and the Clinical Commissioning Groups and in partnership with care home providers in Kirklees. We are committed to making sure that it is delivered, to the best of our joint abilities, so that we can be sure that our care homes are providing excellent places to live for older people in Kirklees. We will be reviewing the action plan at the Health and Wellbeing Board to monitor its progress.

Signed:

Cllr Viv Kendrick – Portfolio Holder for Prevention, Early Intervention and Vulnerable Adults, Kirklees Council

Steve Ollerton – Clinical Lead, Greater Huddersfield Clinical Commissioning Group

David Kelly – Clinical Lead, North Kirklees Clinical Commissioning Group

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1 Introduction & Approach

The Council and the Clinical Commissioning Groups have come together to prepare this strategy which outlines our plans for care homes for older people (including people with dementia) in Kirklees over the coming years.

This strategy complements the Council's Older People's Accommodation Strategy (published in 2010) and available here:

<https://www.kirklees.gov.uk/community/careInKirklees/pdf/opastrategy.pdf>

It has been prepared, along with additional publications **including a more detailed action plan and market position statement**, (*these documents are being drafted*) in order to give clear messages to our partner organisations and to the care home market about the role that we see care homes for older people playing in the future and what the priorities for development are.

This strategy focuses on the needs of older people (usually over 65) who need support due to frailty and vulnerability arising from older age. It also includes the needs of people who have dementia. There are separate strategies (and market position statements) which outline partners' approaches to accommodation for other groups of vulnerable people including those with learning disabilities, with physical and/or sensory impairments and with mental health issues.

We have taken a slightly different approach to developing this strategy, following the City Hall Innovation Team's guidance on how to arrive at innovative solutions to problems.

In summary, we have looked at responding to the following questions:

Question 1: What difference are we trying to make for whom?

Response: *To improve the quality of life of older people who live in nursing or residential care homes.*

Question 2: What are our specific challenges?

Response: *Building a sustainable model of care home provision in Kirklees that is part of a wider set of systems that enables older people to live as independently as possible for as long as possible. We need to make sure that each care home is:*

- 1. A good place to live*
- 2. An effective part of a wider system*
- 3. A successful business*

Specific, shorter term issues that we need to address are:

- A shortage of the right type of care home provision (especially for older people with dementia and nursing care needs)*
- Viability / costs – arriving at affordable business models that are sustainable*
- Workforce – an overall shortage of people willing and able to work in the sector- both nursing and social care staff*
- Estate / buildings – the need for environments which are fit for purpose to better meet people's changing needs*
- Clarifying people's pathways into care*
- The linked capacity / workforce problems within the domiciliary care sector that could limit our ability to support people in their own homes*

Question 3: What are the causes of the problems / challenges?

Response: *these are looked at in the strategy and reflect the national picture.*

Question 4: What have we done so far?

Response: Appendix 2 lists the range of support / interactions with care homes – and the strategy and action plan highlight the need for better co-ordination of these to achieve better outcomes and efficiencies

Question 5: What do we need to do to meet our challenges?

Response: in summary, we have agreed that we need:

- *A coherent strategy across health, social care and housing that sets out our shared approach and demonstrates the key interdependencies with other strategies.*
- *A workforce that is big enough, has the necessary knowledge, skills and attitudes and is flexible enough to meet current and future needs.*
- *An approach to co-production with all stakeholders – ie people who live or may live in care homes and their families; staff working in care homes; owners and regulators.*

The rest of this strategy aims to flesh out these responses, and begins with setting out a vision for the future of care homes, from the perspectives of the different stakeholders.

2 Our Vision for Care Homes in Kirklees

2.1 What Do We Want Our Care Homes to Be and Do?

We have looked at this from different people's viewpoints – first and foremost from the perspective of the people who do and will live there and their families/friends:

People who live, or are going to live, in care homes, and their friends and relatives say they want:

- **Choice**, about all aspects of my life, including: - moving into a home; where it is; what my room looks like and looks out on; how I live my life; how my care is delivered; how I spend my time; the food I eat, where and when I eat it; who visits me and when; when / if I go out and where; how / if I worship/pray; who I interact and spend my time with; when I get up and go to bed; who I have relationships with; where and how I die;
- **To live an interesting life** – continuing with my hobbies, having a choice of activities and having interesting people to talk to
- **Not to be lonely** – but to be alone when I choose to be
- **To be in control and as independent as possible** - I want to make my own decisions about everything that affects me – the little things and the big things
- **To be treated with dignity, respect and compassion** by everyone I come into contact with
- **To have my needs met** –my wellbeing, my social care needs and my health care needs
- **To be in a nice environment** – that helps me to be independent and find my own way around
- **To feel safe** and to take risks if I choose to
- **To be able to stay here for as long as I want**
- When my time comes, **to have a good death**

Carers:

- **To know that my loved one is being supported in a caring and compassionate way**, by skilled staff who have his/her best interests at heart
- **To be able to visit at any time** and feel welcome
- For **staff to contact me and keep me informed** about how my loved one is and to encourage me **to be involved** in caring for my loved one
- To be treated with respect and compassion

From the perspective of the staff who work in the care home:

People who work in care homes tell us they want:

- To be **valued and respected** for what I do
- To **work in an environment that helps me to look after people**
- To be paid a **fair wage** for the work I do
- To **feel confident that I have the skills to do my job** and feel that I know how to help people – even if they are challenging
- To be able to **develop my career** and gain / retain my professional registration
- To work **reasonable hours**

- To be **part of a good and supportive team**
- To be able to **have good relationships with the people I care for and their family** and friends
- To **feel trusted by my employers** – and supported if things go wrong
- To **feel trusted by the people I care for and the other professionals who support them** – doctors, nurses, hospitals, etc
- To **have people I know I can go to for timely support** if I need expert help
- To have **expert help quickly** when I need it
- To go home at the end of the day **knowing I have done a good job and made a positive difference to people's lives**
- To **be able to help provide a good home** for people
- When the time comes, to **help people to have a good death**

From the perspective of the **people who own the Care Homes:**

Care home owners tell us they want:

- to **run a good business that is popular** – for people to want to live in my home
- to **make a reasonable profit**
- to be **paid fees** that are **adequate to effectively meet the needs of the individual residents** and to allow the home as a whole to work well
- to **have a good, stable and loyal staff team** – with managers and care staff who I can trust to do a good job and who have all the right competencies, skills and abilities
- for **other systems that support me in recruitment** and upholding standards in the workforce (eg the Disclosure and Barring – DBS – scheme) **to work speedily, efficiently and effectively** and to be responsive to my requests
- to **be able to recruit and retain all the staff I need** and have a low turnover of employees
- to **feel that I am working in partnership with other professionals** who help older people – with the Council, hospitals, hospices, GPs, district nurses, therapists, etc
- to **make sure that my home is a good place for people to live** where I can meet people's needs and the people get on with each other – which means having a say in who moves in
- for my home to **deliver Gold Standards** in the way we care for people when they are **dying**
- the **people who inspect my home to treat me fairly and with respect** and to deliver consistent messages – so I am clear if / how I should improve
- any **support that is offered** to me to **be well co-ordinated** and helpful
- **business advice and support to be available** easily when I need it
- to **be creative in how my home develops in the future** – to find ways I can contribute to the wider community and offer different support to older people to meet their needs
- to **have a good relationship with commissioners** – both NHS and Council – so that I can work creatively and in partnership with them to develop my home to meet changing needs

- **commissioners to share risks with me** – so I can deliver what’s needed without worrying that I may lose my business or end up very out of pocket

From the perspective of **hospitals and other healthcare providers**:

People working in hospitals tell us they want:

- to **feel that we are working in partnership with care homes**
- that **care homes recognise the pressure hospitals are under** and make sure that if they **send people to hospital that they really do need to be there**
- to be sure that there are **enough, good quality care homes** for people to move to, if they have to, when they no longer need to be in hospital
- for care **homes to be able to send care staff into hospital with people** if they feel that they would need this
- for **all the right information about a person’s needs and conditions and medication to accompany someone** when they do come into hospital
- for there to be **a responsive contact we can talk to if we need some more information about someone** and they aren’t able to tell us themselves
- for there to be **beds available for people to move to for rehabilitation and convalescence** – if they don’t need to be in hospital any more

From the perspective of the **people commissioning health and social care (the Council and the CCGs)**

People who are responsible for commissioning care homes in Kirklees say they want:

- to have **a thriving local care home market** which meets people’s current needs and choices and is able to change to meet future needs
- to be able **to work in partnership with care home providers** – so that the services they offer can vary and flex as demands fluctuate and the homes are seen as a fundamental part of the whole health and social care system
- **to be working in partnership with regulators** (CQC especially) so that we can work together to address any concerns and improve services
- to have **a wide range of choice available** for people who want and need to move into a care home
- to **pay a fair, affordable price for care, that delivers best value** for all Kirklees residents
- to have **a care home market that generates really positive feedback** from the people who live there and their relatives/friends
- to have **care homes which act as community hubs** – supporting both the people who live in them and those who live in the surrounding area
- to have a really **good range of choices of accommodation for people, including extra care, residential care and nursing care**
- **to have homes staffed by a skilled and dedicated workforce** – who want to be there and who see themselves as part of a wider health and social care team
- to have **care homes which can be flexible to meet the changing needs of their residents, so people don’t have to move** if and when their needs change
- to have **sufficient, high quality care home places available to avoid people having to stay in hospital when their need to be there has ended**

- to have care **homes spread across Kirklees** so that people are able to choose a home that is close to their local community
- to have a choice of **homes that can meet the varied cultural needs** of people in Kirklees
- to have care homes operating as local **businesses which contribute to the “Kirklees pound”** – investing profits into the local area and communities.
- For social workers **to be able to offer people a good choice of excellent quality homes** when they are helping them decide how best to meet their needs.

2.2 Our Vision for the Future – the outcomes we want to achieve

Our initial approach to developing this strategy suggested that there are three key things that we would want all care homes to be:

1. A good place to live
2. An effective part of a wider system that supports older people
3. A successful business

And the feedback we have received confirms that this is the right approach.

Having looked at what we want from our care homes from a range of different perspectives, and looked at examples of good practice and national research, there are some common themes that stand out for everyone. We have summarised our vision for care homes in Kirklees under these key themes:

Choice

- Enough care home places to meet current and future needs
- Location – to enable people to live in their local community
- Different models – so people can be cared for where they want (eg shared care, etc)

Dignity, Respect and Compassion

- These should run through all aspects of care
- People want to be cared for by people who themselves feel valued and who value them as individuals

We want to have care homes that:

- provide a safe and enjoyable place for people to live their lives
- welcome and involve families and carers in supporting their loved one
- support people to keep their own culture / faith / ways of life
- help people to have a good experience at the end of their life

A Skilled Workforce

We want a workforce that:

- is stable, capable and compassionate – able to meet people's needs and well supported by the wider health and social care system
- is sustainable for the future – with training and skills development to enable staff to meet people's changing needs
- has staff who know they are valued, supported and fairly paid

Fair Price

- for care home owners
- for people living there who are paying /contributing to their costs
- for the public sector – the Council and the NHS
- for the people who work there – to ensure they are paid a fair and living wage and to attract good staff

Flexibility

- to meet changing needs – of individuals and of the population / society as a whole
- to reflect changing choices of residents

A Good Environment

We need care homes:

- that are in the right place – where people want to live
- where the buildings and gardens are a good place to live
- which are well designed to help staff deliver care

- which enable people to be active members of their local communities
- which are good for the environment
- which act as community hubs – contributing to and supported by their local communities

Enabling and Promoting Independence

We want to see care homes:

- encouraging people to be as independent as possible
- making best use of new technology to help people to be independent
- enabling residents and relatives to contribute to the running of the home – so that people feel it is genuinely their home rather than a place they are staying.

3 Numbers Now & Trends for the Future

3.1 Care Homes in Context - our approach for accommodation for the future

In 2010 the Kirklees Older People's Partnership Board published "A Place to Live Life to the Full – an accommodation strategy for older people in Kirklees". The key messages from this document are, from an older person's perspective:

- Most older people want to retain maximum independence and control over their lives.
- Older people who are owner occupiers may be reluctant to move into rented sheltered accommodation or residential care because they do not want to erode their capital.
- If they have to move to alternative accommodation most older people want it to feel like ordinary housing, be reasonably spacious (with many preferring two bedrooms) and secure, within a neighbourhood where they feel familiar and safe.
- Older people are more economically active and if they are paying for services they want flexibility, quality and choice.

In relation to the types of accommodation needed the key messages are:

- Our ageing population means that there will be a need for an increasing amount of accommodation that is targeted at the needs of older people;
- There needs to be a wider range of accommodation choices for older people in Kirklees – rather than staying where they've always lived or moving to a care home
- There is a real shortage of extra care living options – which are a genuine alternative to care homes for older people and more likely to meet the changing aspirations of older people
- If we don't develop these alternatives the demand for care home places will rise significantly over the coming 5 to 20 years.

The strategy includes a chart (recently updated) which indicates the potential growth in demand for care home placements in Kirklees, if alternative options are not developed. ¹

The figures are presented for illustrative purposes as a **key part of the Council's accommodation strategy for older people is to move away from an over dependency on care home provision towards more, personalised support in people's own homes and to significantly increase the availability of other forms of more independent living for older people.**

Since the strategy was published the Council has opened three, Council run, extra care schemes targeted at older people and providing 142 flats.

These are popular and the Council is committed to supporting the development of more extra care – with a variety of tenure options – social rented, private rented and purchase – to meet growing demands. These will take time to develop and in the meantime, there will continue to be a reliance on care home provision.

¹ Projecting Older Peoples Population Information (POPPI) September 2015

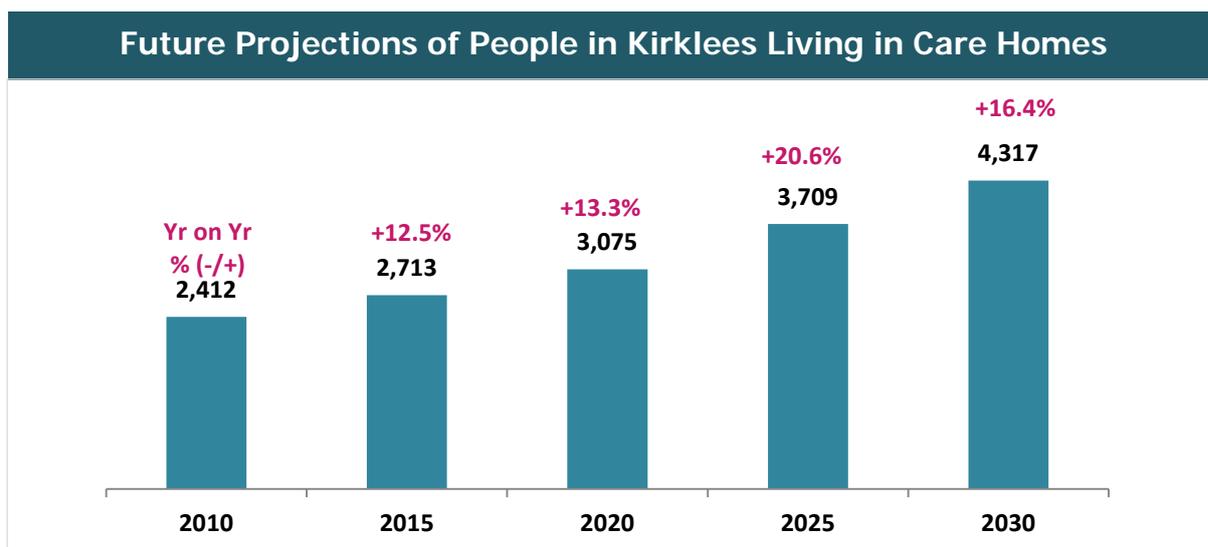


Figure 1 – Expected Number of Kirklees Citizens aged 65+ Living in a Care Home (With/Without Nursing)

There is a recognition that **there will always be a need for care home provision**. The Council’s Market Position Statement for Older People highlights the **local shortage of high quality nursing home care for older people with dementia**. This shortage remains acute and demand for it is likely to grow as more people are developing and living with dementia.

More detail about the changes in the care home market over the past few years and the current situation in respect of care home beds is given in Appendix 2. The key messages from this information are:

- Whilst the Council’s overall purchase of care home placements has decreased by 7% since 2010, there has been a **significant increase in the proportion of dementia beds purchased** (from 15% to 26%) – both nursing and residential. As expected, we are seeing a **shift in focus away from straightforward residential and nursing care and towards care homes able to support people with dementia**.
- **The availability of dementia nursing homes in particular is reducing and is not sufficient to meet current needs.**
- Current sources of data suggest there could be between 1,141²- 1,400³ people with dementia living in care homes in Kirklees now, but only 820 registered dementia places. And prevalence estimates suggest that demand could double to between 2,326⁴-2,500 places by 2030. Over the past 12 months we have lost 47 nursing dementia beds in Kirklees.

Whilst the above information provides us with an indication of the likely numbers and types of beds needed to respond to current demand and to plan for future demographic growth, the following section which looks at gaps and opportunities will have an impact on both the amount and style of provision needed. Kirklees Accommodation Strategy for Older People is

² Data from the Primary Care Web tool suggest that there are 743 people in GHCCG living in nursing homes and 887 in NKCCG, a total of 1630 people(Oct 2014). If 70% of these people have dementia that would equate to 1141 people.

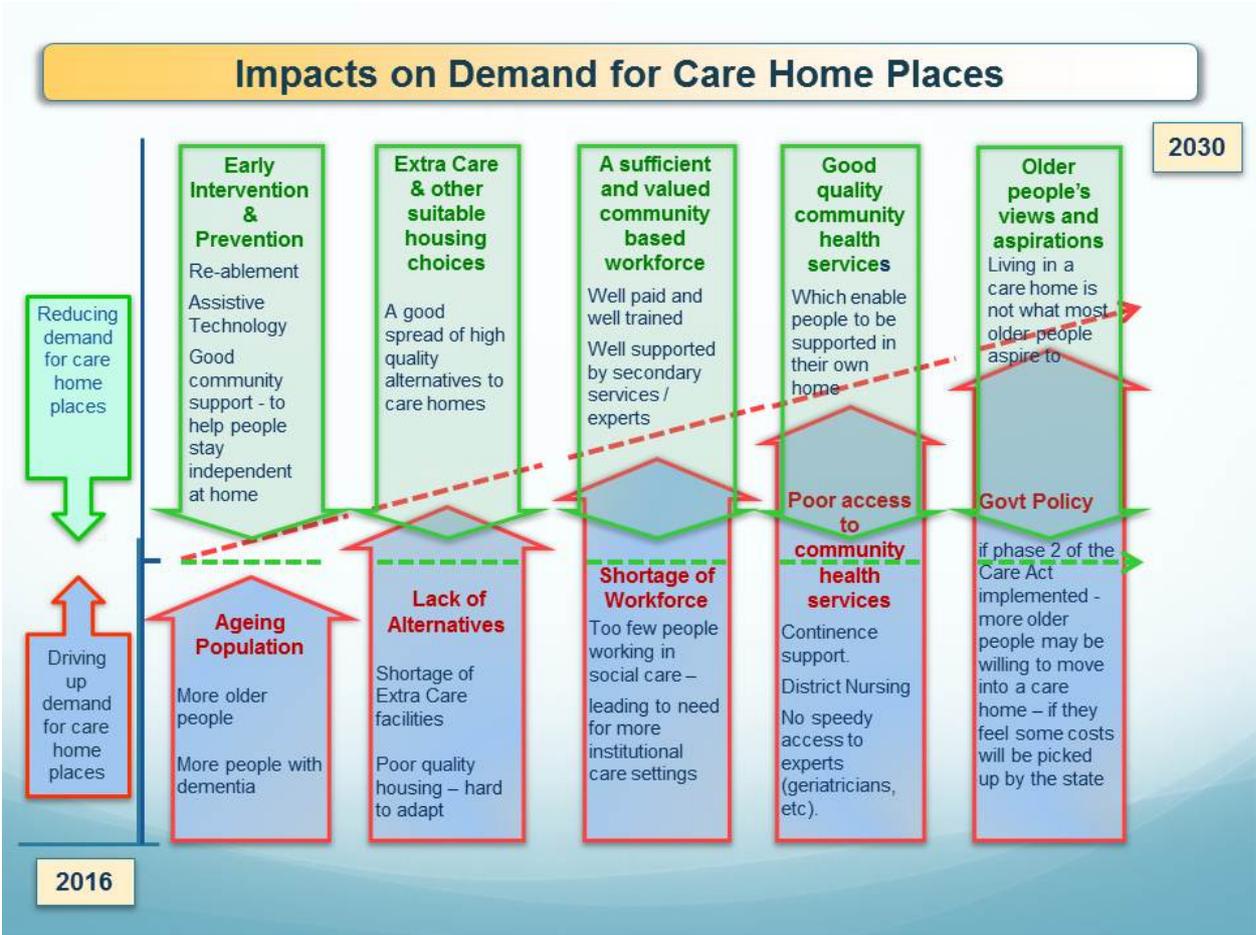
³ Data from www.poppi.org.uk (Oct 2014) suggests that there are currently 2001 people in Kirklees living in residential and nursing care- 70 % of this total =1400 people affected by dementia.

⁴ Poppi data predicts that with demographic pressures, if treatment and provision of services remain the same, the numbers of care home places required will increase to 3323 by 2030, (potentially 2326 of these people could need dementia care

clear that more extra care is needed and the more of this that is available, the fewer care home places will be needed. Providing precise figures about likely numbers of beds needed, therefore, is not possible as it will be influenced by the range of other provision that is developed. We are aiming to provide more specific need forecasts in our Care Home Market Position Statement. However, there are some very clear messages that arise from this review work:

- 1) The **growing older population means that more care focused accommodation is likely to be needed;**
- 2) The changing demographic (ie **more older people** and fewer younger people) **means** that some degree of **communally based care**, which enables a smaller group of care staff to deliver support to larger numbers **will always be needed, alongside** the development of **assistive technology** wherever possible;
- 3) The **increasing number of people with dementia** means that any **accommodation** that is built **needs to be designed to meet the needs of people with dementia** and also to enable people to be as independent as possible; and
- 4) If we are developing new care provision, **whatever is built needs to be flexible to meet the changing aspirations** of older people.

The diagram below looks at the potential inflators and deflators iro changing demands for care home places.



4 How does the current care home situation compare to our vision?

4.1 Numbers

Section 2 highlights the current situation regarding the availability of care home beds in Kirklees and the shows the gap between what we need now and into the future and what is currently available. The **key immediate message is that there is an acute shortage of high quality nursing home placements for people with dementia**. And unless we address a number of issues within the care home market this gap is only likely to get bigger.

4.2 Quality

It is the role of the regulatory body, the Quality Care Commission (CQC) to inspect and rate the care homes. Currently the CQC website is showing the following ratings In Kirklees:-

New Regulations

- 11 – Good
- 20 – Requires Improvement
- 2- Inadequate
- 1- currently being inspected

Old Regulations

- 29 – Compliant
- 3 – Not complaint in all areas

The Council's Contracts and Monitoring Unit also visit care homes in Kirklees where they are funding places. The aim of the visit is to check that the care home operates safe, effective systems in order to deliver appropriate care. If a visit does identify issues these are followed up on with the care home to make sure they are addressed. Over the past few years, the main issues that we have found are:

- Inadequate support plans and risk assessments for residents which don't reflect current needs – and failure to adequately record the care and support that has been given;
- Environment Issues, including:-
 - a general lack of cleanliness in both communal areas and service users own bedrooms
 - a failure to keep up to a general maintenance plan for fixtures and fittings
 - a failure to repair/replace soft furnishings
- Medication administration records being inaccurate or incomplete
- Lack of stimulating activities
- Lack of support at mealtimes
- Inadequately trained staff particularly relating to the provision of dementia care

In summary, we are aware of a number of quality issues affecting care homes in Kirklees. It is clear from the feedback that we receive, and research undertaken both regionally and nationally, that the key factors that impact on quality are:

- The shortage of suitably trained and qualified social care staff;
- The shortage of nurses willing and able to work in care home settings;
- The state of the buildings – many homes are old buildings which do not lend themselves to the delivery of high quality care; and

- The mismatch between the cost of delivering high quality care and the resources that the NHS and Councils have available to pay for this care.

4.3 Workforce

A common theme emerging from the CQC inspections, the visits of the Council's contracting staff and feedback from providers and residents is the lack of a suitable workforce - both registered (nurses) and unregistered staff (care support staff) - which is both willing and able to work in the health and social care sector. This shortage of a suitable workforce is a key underlying cause of quality concerns affecting care homes. The shortage of registered nurses has many causative factors however it is the negative impact on care homes which is a grave concern. This complex concern has occurred due to many reasons which include the limited number of new nurses leaving university with often only one intake of students per year, many choosing to retire early and the potential to change their career or they decide to move abroad to nurse due to pay and conditions. Overall they do not see care home work as attractive or in line with their career plans.

This shortage of registered and unregistered staff, as well as care home managers, is recognised as a national problem and a challenge to those involved with recruitment. On the 17th December 2015 the Department of Health issued a statement of intent to create a new nursing support role. A consultation was launched at the beginning of 2016 to consult the health care sector about their views on a 'Nursing Associate'. Provisionally called nursing associates, they are described as being a role which will work alongside healthcare support workers and fully qualified nurses focusing on patient care.

The role, which could also be a new route for those wishing to become a registered nurse, has been recommended by nursing leaders and other healthcare professionals. The new addition to the care workforce will help bridge the gap between healthcare support workers, who have a care certificate, and registered nurses. The new nursing support role is expected to work alongside healthcare support workers and fully qualified nurses to deliver hands on care, ensuring patients continue to get the compassionate care they deserve. Nursing associates will support nurses to spend more time using their specialist training to focus on clinical duties and take more of a lead in decisions about patient care. Workshops nationwide lead by Health Education England are occurring to engage all health and social care sectors regarding our vision of this new role and if it can help to address the concerns about the workforce shortage. Discussions as to how this role can adapt to all our social and health care settings is ongoing as it is vital to use this opportunity to shape the landscape of our future workforce. We need to ensure that our population is looked after by the right person with the right skills at the right time and we have an opportunity to address this currently. The action plan (section 6) addresses what Kirklees will be doing to support the future workforce.

Significant short, medium and long term work is needed to address the other root causes which include:

- **low wages** – as the country's private sector economy improves, jobs are becoming available within a number of sectors – especially retail – which are seen as easier and more attractive to people and this is creating huge recruitment and retention problems in the care sector;
- **poor terms and conditions** – many care workers are employed on very poor terms and conditions with little job security; there is inconsistency in the pay and terms and conditions across different sectors;

- **lack of career pathways** – at present for younger people. This is causing significant concern as they cannot see any obvious career routes from front-line care work that will meet their longer term aspirations;
- **low value and negative images of care work in the media** - as press and media coverage highlights negative experiences of care, care workers are vilified for poor standards of care and service. There is virtually no coverage of the positive work that is done, day in-day out, and this has a very damaging long term impact on the willingness, of young people especially, to see care work as a valued and valuable career option.

4.4 Viability and Spending

As noted above, the care home sector is facing a crisis in terms of its ongoing sustainability. In the past 12 months Kirklees has seen 8 care homes close with a loss of 258 places. The reasons for these closures vary, but recurring relevant themes are:

- impending action by CQC over quality issues;
- difficulties in recruiting and retaining a suitable workforce – in particular nurses;
- issues to do with the state of buildings – ie, the current internal environment/layout is not really fit for purpose and the cost of upgrading is felt to be too high;
- age / health of care home owners – leading to decisions to retire from the business.

A number of national publications refer to the lack of profitability within the care home sector. Nationally care homes have seen a decline in fee rates paid by Local Authorities of 6% in real terms since 2011/12. In Kirklees fee rates have increased by 10.5% during this period, in line with the locally agreed formula. However, in spite of this we are seeing a number of older people’s care home providers seeking additional uplifts which they say they need to remain viable. In particular the introduction of the national Living Wage is creating cause for concern and it is estimated (by Laing and Buisson) that this will require a 3.5% to 4.0% increase in fees to restore care homes’ profitability status quo.⁵ In response to this, Kirklees Council and CCGs have increased the care home fee rates by 4.4%.

In the same report one of the major reasons cited for why councils and providers have failed to engage effectively on market management issues in the past, and are likely to struggle in the future, is an apparent absence of understanding of the investment return requirements of care home operators

“What is striking is that both sides (councils and providers) usually agree on the quantum of current operating costs (staff, utilities, consumables, etc.). Their disagreement nearly always revolves around an appropriate allowance for property costs (return on capital) and operator’s profit.”⁶

Laing and Buisson, in their “Care Sustain” model indicate that investors are likely to expect a 12% per annum return on their capital investment in any new care home, though they note that existing care homes may well accept much lower profit margins, even operating at zero profit margins prior to closure.

This feels like an area which we need to do further work on within Kirklees so that we can come to some shared agreement on what we would see as acceptable profit margins which would encourage providers to both come into and remain in the care home market.

⁵ LaingBuisson Paper – “Stabilising the Care Home Sector & Preparing for Implementation of Part 2 of The Care Act in 2020”

⁶ Ibid

With the current problems arising from lack of availability of dementia nursing beds in particular, we are aware that the Council and the CCGs are facing additional costs. Additional 1:1 support is being provided, on a person by person basis. This approach is neither sustainable nor efficient and is wasteful of staff time.

If we are to have a thriving care home sector, we need to re-look at the cost models that underpin care homes, reviewing the price we pay, looking more creatively at the way money is put into care homes and looking creatively at the opportunities for additional income that could arise if we start to review the future role of care homes in our communities.

The care home market cannot be viewed in isolation and the current pressures facing domiciliary care (ie acute shortage of suitable workforce) are placing additional pressures on the care home sector – with demand for short term and intermediate care beds increasing as people find it increasingly difficult to secure support packages at home.

4.5 Support for Care Homes, Clinical Input and Hospital Pressures

There is a wide range of different support around for care homes in Kirklees. Successive health and social care commissioners have established a variety of teams aimed at offering specific input to improve the quality of care delivered in the homes. Appendix 2 shows a list of all the various teams and support services.

Whilst this is an impressive list, it is clear from care home provider feedback that:

- some of this support overlaps – and there is a danger, when a care home is struggling, that too many different organisations and individuals arrive to “help” and can be counter-productive;
- a review of this range of services is needed to create a more efficient and helpful support system.

Health care within care homes has its challenges, with a number of GPs telling us that they find delivering care to residents in care homes difficult, especially if there are a number of homes within their practice area and they struggle to meet the demands placed on them. Effective clinical input to care homes is critical in order to deliver our vision for the future of safe, well-cared for people who can have their health needs met speedily within the home wherever possible, avoiding the need for urgent trips to hospital. It is clear that improvements to clinical support to care homes are needed. If the range of support services is looked at strategically and reviewed, then it should be feasible to relieve the pressures on individual clinicians and improve the quality of healthcare available.

The number of urgent admissions into hospital from care homes is increasing and is placing a great deal of strain on our hospital services. Equally important is the damaging and disruptive effect this can have on people who live in care homes, especially those who have dementia who find the hospital experience bewildering and often unhelpful. Enabling people to get the clinical support they need within their home would deliver better outcomes for people and reduce the mounting pressures on NHS systems. A key aim from this strategy is to ensure that improved clinical support is made available to people in care homes and which enables care staff in the homes to deliver effective care without having to make unnecessary trips to hospital.

4.6 Buildings

In common with the rest of the UK, many of Kirklees care homes operate from large, old buildings which are no longer appropriate to meet the increasingly complex needs of the people who live there. Dementia care especially is best delivered in purpose built care homes which follow best practice in terms of dementia friendly design.

It is difficult for care staff to deliver the best quality of care in buildings which are not fit for purpose.

A significant amount of upgrading work has been carried out on care home buildings over the years to try to improve their suitability, however this remains an ongoing issue for some.

4.7 Locations & Opportunities for Changing Roles

The 66 care homes for older people are spread across Kirklees. Not surprisingly, location does not always match demand.

As noted earlier, Kirklees Council is aspiring to have many more extra care facilities available for older people. However, viewing the spread of care home provision across the area, and acknowledging the lack of larger sites available to build extra care at the scale required, it is worth considering the future role of care homes in offering some of the attractive features of extra care to their local older population, for example – access to daytime activities and company; help with bathing and personal care; restaurant facilities; outreach domiciliary care; etc. If these facilities were to be offered to people in the local community, in a way which is sensitive to the people already living in the home, it could bring benefits both to the home in terms of increased income and activity and to local older people in terms of improved facilities to meet their needs.

Some care homes already offer a number of these facilities and it is worth investigating if this approach can be extended.

5 Opportunities & Barriers

5.1 Funding Streams

The main bulk purchasers of care home beds in Kirklees are the Council and the NHS (primarily the CCGs via its Continuing Healthcare Budget but also the local community health provider iro intermediate care beds). Some collaboration between these organisations does take place, for example there is agreement on basic care home fees. However there remain further opportunities for closer collaboration in terms of a more unified approach to care home markets and, potentially, the pooling of budgets.

5.2 Working with the Care Quality Commission (CQC)

The shift in approach of the CQC to focus on regulation and inspection and moving away from supporting improvements in quality has had a significant impact on the local care home market. A number of care homes have now closed as a result of this and the speed with which this has happened has had a detrimental impact on the availability of nursing care beds in particular and placed a lot of pressure on both the CCG's and the Council's operational staff. Close working relationships between commissioners and the regulators are needed to ensure that an already vulnerable market is not made more vulnerable.

A more robust approach to quality within the care home sector is undoubtedly needed, and, properly managed, should help to shape the market in the right direction, with poorer quality homes in unsuitable properties closing and newer homes built to meet current needs filling the gaps. However, close partnership working is needed to make sure that the timing of this approach ensures that new provision is available as older, less appropriate homes close.

5.3 Resources – shrinking public sector budgets

All of these challenges appear at a time of severe pressures on both NHS and Council budgets which impact significantly on the ability of commissioners to address the viability issues of the care home sector.

Key to the success of a care home strategy for the future will be a more creative approach to income generation for care homes and a close focus on cost / benefit impacts of any proposed changes. Some ideas have been mentioned previously, eg care homes attracting income from opening up their facilities to local older people. More of this creative thinking will be needed to address the challenges we currently face.

Shared commissioning approaches across the Council and the CCGs will also help to reduce inefficiencies and create cost savings which can be redirected.

Having an ineffective care home sector has major cost implications for the NHS in terms of hospital beds and primary care support. Clearly, the cost of care home beds has to be seen alongside the overall NHS and social care budgets and any changes in fee structures need to be seen in the context of wider system savings that can be achieved.

6 Action Plan to Address the Gaps and Achieve the Vision

Having considered the range of issues outlined in this strategy, we have identified a series of actions that now need to be undertaken to address the current and future challenges that are facing the care home sector, and to work towards achieving the agreed shared vision for care homes in Kirklees. Reminding ourselves of our original aim, described in section 1 which is to:

improve the quality of life of older people who live in nursing or residential care homes

and we are aiming to do this through ...

building a sustainable model of care home provision in Kirklees that is part of a wider set of systems that enables older people to live as independently as possible for as long as possible.

We need to make sure that each care home is:

- ***A good place to live***
- ***An effective part of a wider system***
- ***A successful business***

and acknowledging the specific, shorter term issues that we need to address which are:

- ***A shortage of the right type of care home provision (especially for older people with dementia and nursing care needs)***
- ***Viability / costs – arriving at affordable business models that are sustainable***
- ***Workforce – an overall shortage of people willing and able to work in the sector- both nursing and social care staff***
- ***Estate / buildings – the need for environments which are fit for purpose to better meet people’s changing needs***
- ***Clarifying people’s pathways into care***
- ***The linked capacity / workforce problems within the domiciliary care sector that could limit our ability to support people in their own homes***

we are proposing the following set of actions for the Council and the CCGs to undertake, in partnership with a wide range of stakeholders including care home owners, managers and staff; NHS providers; the Care Quality Commission; education and training providers (including Skills for Care and the Local Education and Training Board); Healthwatch and, most importantly, residents, potential residents and their families and friends. A more detailed action and implementation plan will be drawn up to deliver these actions.

As a rule of thumb, when looking at timescales: short = 6 months (approx.); medium = 6 to 12 months (approx.) and long = 12 months plus.

| | Care homes should be: | Specific Challenges | Actions | Outcome | Lead(s) | Timescale |
|----|------------------------------|----------------------------|---|---|---------------------------------------|------------------|
| 1. | A Good Place to Live | <i>Estate / Buildings</i> | Review the care homes buildings / environment, consider their fitness for purpose for the future and develop an action plan to address any shortfalls. | A better understanding of the state of care homes across Kirklees – and the viability of them for changing roles in the future. | Care home owners and Council | Medium to Long |
| 2. | | <i>Quality</i> | Review approaches to quality oversight / monitoring within care homes to ensure the most appropriate support is offered if needed, via establishment of a quality framework. See also action below. | A better co-ordinated approach to quality monitoring and assurance leading to improved outcomes for residents | Council with CCG input | Short |
| 3. | | <i>Safeguarding</i> | Linked to the action above, review processes to support failing homes and ensure appropriate and co-ordinated responses are in place. | Residents are safeguarded. Care homes are enabled to continue if appropriate. | Council and CCG | Short to Medium |
| 4. | | <i>Medication</i> | Review the way medicines are managed within care homes. | Safe systems of medicine management are in place leading to better healthcare for residents | CCG | Medium |
| 5. | | <i>Workforce</i> | Link local authority, CCGs and partners including Locala and Care Home providers and Health Education England to agree a workforce strategy developing career opportunities for the registered and non-registered workforce. This would include exploring new and un-traditional role development such as clinical care worker. | A workforce that is fit for purpose with the potential to recruit and retain staff groups Potential efficiency savings through considered skill mix review | CCGs, Council and Care Home providers | Medium to Long |

| | Care homes should be: | Specific Challenges | Actions | Outcome | Lead(s) | Timescale |
|-----|--|--|--|---|--|------------------|
| 6. | | <i>Workforce</i> | Co-ordinate post qualification registered nurse professional development programme including coaching, peer support, rotation and revalidation, linking with University and other local providers re: pre-registration care home placements. | A broader supply of nurses willing and able to work within care homes. | CCGs & University | Medium to Long |
| 7. | | <i>Workforce & Dignity</i> | Consider role of new technology in helping to keep residents safe while enabling them to live in a freer environment | Less pressure on care staff and more freedom for residents to live in a safe environment. | Council and CCG | Short to Medium |
| | | | | | | |
| 8. | An Effective Part of a Wider System | <i>Shortage of the right type of care home provision & Market Intelligence</i> | Develop clear, joint Market Position Statement for older people's accommodation covering sheltered housing, extra care and care home options. | Clear message to providers and potential providers re what is needed | Council and CCG with input from Care home owners | Short to medium |
| 9. | | " | Work with specific providers to encourage provision of nursing dementia and dementia beds. | Increased availability of care home services for people with dementia | CCG and Council | Short |
| 10. | | " | Council, and external providers to progress option of transferring Council homes to become dementia nursing homes | Increased availability of care home services for people with dementia | Council, SWYFHT & Locala | Short |
| 11. | | " | Improve (and better co-ordinate) the range of support into residential care homes (including those for people with dementia who are challenging – see also below) | Better co-ordinated range of support to enable care homes to succeed | Council, CCG and NHS providers | Short to medium |

| | Care homes should be: | Specific Challenges | Actions | Outcome | Lead(s) | Timescale |
|-----|------------------------------|--|---|---|------------------------|------------------|
| 12. | | <i>Shortage of the right type of care home provision & Market Intelligence</i> | Consider development of alternative models of care home provision – where staff have additional training to meet the specific needs of people with dementia | Less dementia “nursing” care needed as residential care homes are better able to meet the needs of people with dementia | Council & CCG | Medium |
| 13. | | “ | Improve support for all care homes to deliver care for people with dementia when they are are challenging. | All care homes are better able to support people with dementia | CCG & Council | Medium |
| 14. | | “ | Develop the local provision of specialist provision for people with dementia who are challenging | The needs of people with dementia who have significantly challenging behaviour are met in Kirklees | CCG | Medium to Long |
| 15. | | <i>Clarifying people’s pathways into care</i> | Map people’s routes into care homes to ensure that we are making the best use of early intervention and prevention | People are supported in the least intrusive or disruptive way that best meets their needs | Council with CCG input | Medium |
| 16. | | <i>Clinical Support</i> | Consider approaches to GP support for care homes to ensure effective oversight and care is in place | Residents are receiving effective primary care | CCG | Medium |
| 17. | | <i>Clinical Support</i> | Consider how care homes can access wider NHS IT systems as necessary (eg SystmOne, EPaC) and develop improved connections | Residents information is easy to access from the home, leading to better co-ordinated care. | CCG | Medium |
| | | | | | | |
| 18. | A Successful Business | <i>Viability & Costs</i> | Develop the Care Home Provider Forum | More care homes attending and improved dialogue between commissioners and providers | Council and CCG | Medium |

| | Care homes should be: | Specific Challenges | Actions | Outcome | Lead(s) | Timescale |
|-----|------------------------------|----------------------------|---|--|-----------------------------------|------------------|
| 19. | | | Engage care home owners with the Kirklees Business Hub | Care homes are seen as part of Kirklees Business community and have access to improved business advice / support | Council | Short |
| 20. | | | Assess the impact of the National Living Wage on care homes and develop proposals to mitigate the negative impact | Avoiding imminent care home closure | Council and CCG | Short |
| 21. | | | Collate and review the way we contract for care home places and develop proposals for changes including; fee rates, quality premiums, annual allowances, whole home costs for 1:1s, etc. | A fair charging system that is affordable and improves the viability of care homes. | Council & CCG | Short to Medium |
| 22. | | | Work with providers of care homes to look at opportunities for homes to become community hubs offering a range of outreach and in-reach support – eg short breaks, lunches, daytime activities, bathing, etc (link to 12 above) | Better range of local support for older people living in their own home and improved business model for care homes | Care Home Owners, Council and CCG | Medium to Long |
| 23. | | <i>Market Intelligence</i> | See action 8 above. | | | |

A detailed Implementation Plan for each of these actions will be developed alongside a Market Position Statement to help direct the care home market to meet local needs.

Appendix 1

Current size of the Care Home Market in Kirklees

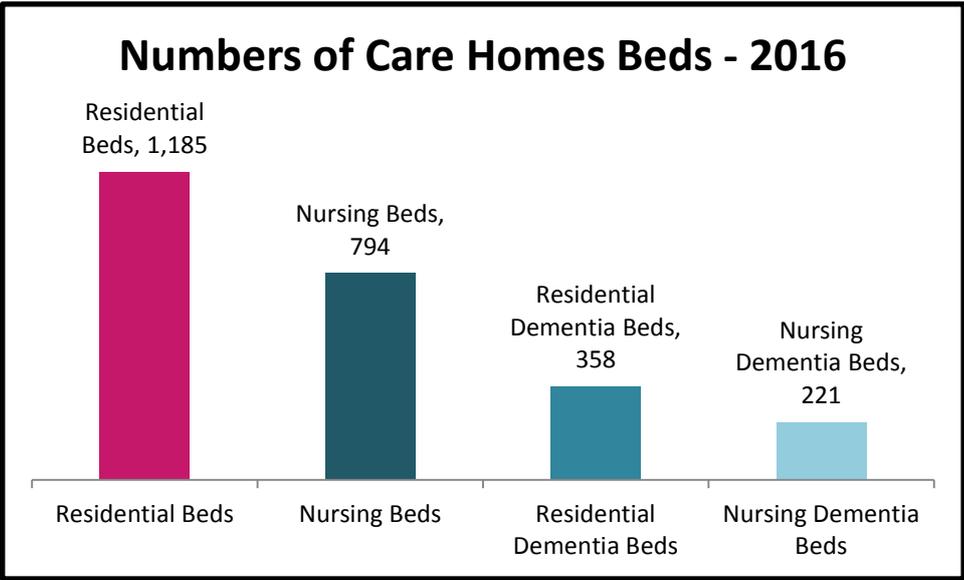
There are 67 Care Homes operating in Kirklees, 4 of which are directly managed by the local authority. Across all provision there are 2,750 beds, some of these are specialist beds which are detailed below.

The number of Care Homes has dropped from 71 in 2010 to 67 today. The total number of beds has been relatively stable, but it should be remembered that the older people population has increased by around 6,500 since 2010. In terms of what that means for the older population, there are currently 39 beds per 1000 older people, which is a decrease from 43 per 1000 older people in 2010.

Shape and makeup of the current Care Home Market

The Care Home market is complex, but is essentially consists of four different types of bed or placement; Residential Beds, Nursing Beds, Dementia Residential Beds and Dementia Nursing Beds.

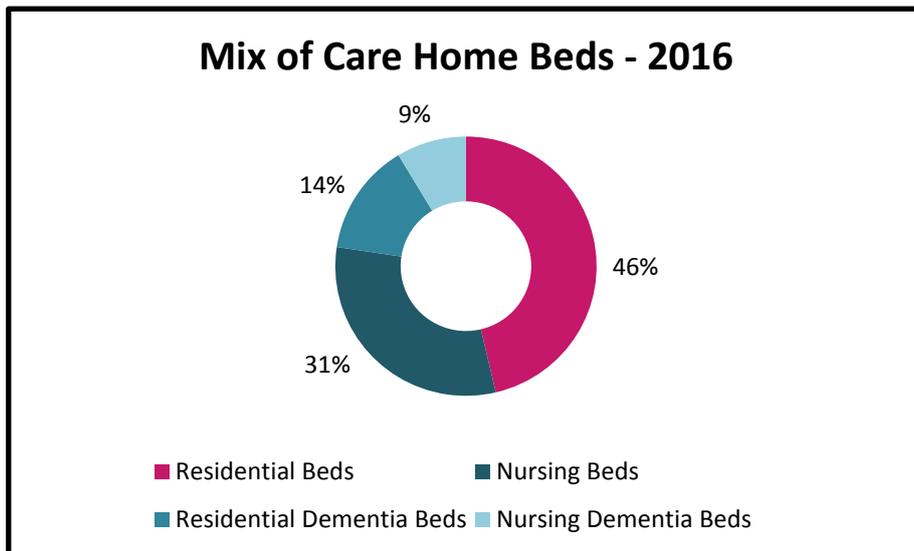
CHART - Bed Types and numbers



Ref: Care Homes Beds Data 2016

This shows the breakdown of broad types of bed current in the market. There are some beds counted in this data that are not solely used for older people, but are available for older people with specific needs.

The next chart shows the how these bed numbers look in terms of the whole market. This is currently dominated by residential beds which contains short stay and rehabilitation beds.

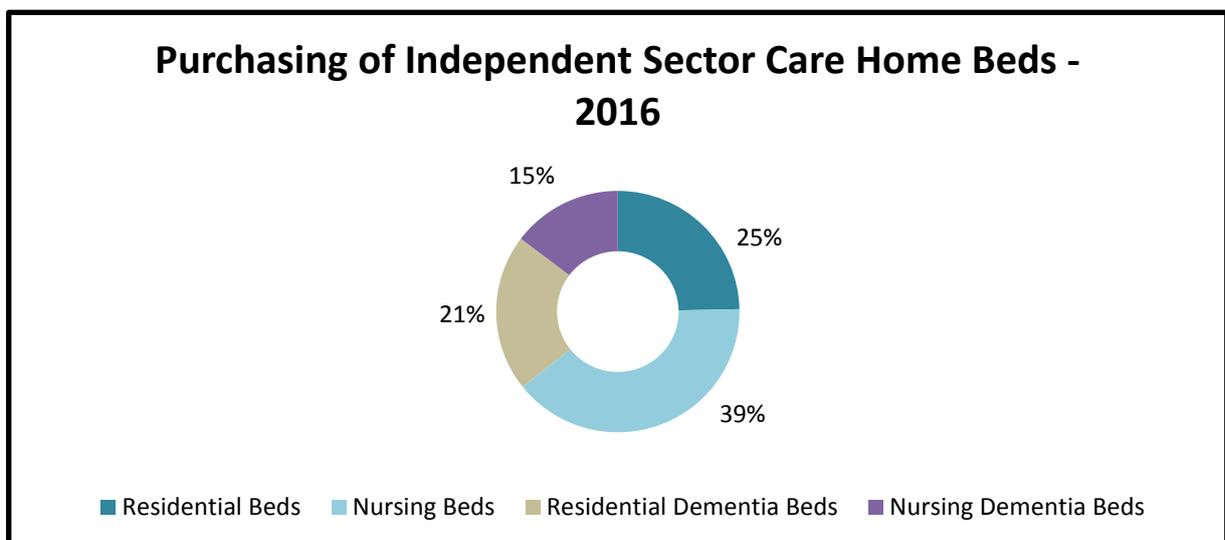


Ref: Care Homes Beds Data 2016

Purchasing Information

There are 2,750 beds that are in effect available for purchase; some of these are contracted for certain purposes or types of provision. When combined local authority and CCG's purchase around 1,650 (60%) beds, they also operate 6% of beds themselves. The remaining 940 (34%) could be a mixture of self-funders, residents from other local authority areas, or beds that are not in use for other reasons. It should be noted that some beds in Nursing Provision are jointly funded both LA and CCG's.

The funding of Care Home beds is not simple, there are a wide range of individual needs and circumstances that reflect the funding given to each Care Home bed. For instance some older people are eligible for support from the local authority for their personal care, others have to make a contribution and a further group are required to self-fund their personal care in Care Homes. There are similar complexities with how the CCG's fund Care Home beds such as eligibility for Continuing Health Care funding.



Ref: Care Homes Beds Data 2016

Dementia Care

The recent work on a dementia strategy for Kirklees has brought to the fore a wide range of accommodation requirements forecast to be needed by those suffering from dementia locally. It is estimated that 1 in 14 (4,807) older people have dementia to some degree. In terms of dementia beds there are currently 137 dementia beds for every 1000 dementia sufferers. It should be remembered that those with less complex dementia needs will be in accommodation across the care home and community sector.

There has been an increase in demand for dementia care home placements, a trend which is expected to continue as the demographics suggest significant increases in the 85+ age group and also an increasing in demand for nursing dementia placements, which the current market is not able to meet.

Please see the Kirklees Dementia Strategy for additional information. ([LINK](#))

Closures and changes in Care Homes

Since April 2015 approximately 209 residential beds and 47 nursing beds were deregistered. Of these, 145 beds were situated in North Kirklees and 111 beds were situated in South Kirklees. The 47 nursing beds were also dementia beds and qualified for the Council's Dementia Payment Scheme. In addition, over the past 2 years nursing beds have been lost to the market due to care homes taking a business decision to continue operating but only providing residential beds. The main factor for this decision was the difficulty in recruiting and retaining quality nursing staff.

The majority of the home closures followed the Care Quality Commission taking regulatory action which, despite intense monitoring and support from numerous organisations, led to the owners taking the decision to close the homes and, in one case close other homes within the same group.

Of the 3 homes which closed which were not subject to or affected by regulatory action 2 of the homes were registered for less than 20 beds, with financial pressures being a primary factor in the decision to close.

Appendix 2

Improvement activity / support services for residential and nursing homes

Contracting

1. Agreed price and uplift formula
2. Joint contract monitoring process
3. Bought intermediate care beds in care homes
4. Assurance visits
5. Dementia Fee Scheme
6. Equipment list
7. Care home support included in CC2H specification

Quality of service provided by the home

8. Developed policies (induction, competency framework, medicines management, repeat prescriptions, anti-psychotics, distraction)
9. Good Practice Events (inc CQC inspection, Data Protection, IPC, Care Act 2014, Connect to Support , DNR documentation, Business Continuity Planning, Care of the dying documentation)
10. Manager training
11. Manager forums
12. Access to Council training courses
13. Onsite training
14. Access to Online training resources ([SCILS](#))
15. Co-ordinating nurse development and revalidation
16. Nurse coaching
17. Peer support (quarterly)
18. Rotation
19. IPC tools [link](#)
20. IPC Audit
21. IPC Training
22. @Home arts council funded pilot project
23. In2Care recruitment site

External services that support the home

24. Dedicated nurse support to individual homes
25. YAS 'pickup' protocol
26. Access to System One
27. Telehealth (Airedale)
28. EPAC
29. Care Home Support Service (Locala)
30. Primary Care Scheme
31. Admiral Nursing - educational and practical support into care homes
32. SWYPFT care home liaison team
33. Continence training
34. Support for Workforce NMDS completion
35. add Community Partnerships schemes