



Update on the Kirklees Care Home Programme Board

Health and Adult Social Care Scrutiny
Panel – 11 November 2021



Introductions and Topics

Who is here:

What are we going to cover today:

- Care Home Programme Board
- Key Issues and challenges in the sector
- Care Home Programme Board workplan to address these
- Cordis Bright key findings
- The Care Home Programme Board response to the finding of Cordis Bright in its work
- Key training and support questions asked by the Panel

Where the work of the Board fits in the future



The Kirklees Care Home Programme Board is led by the Strategic Director Adult at Kirklees Council and the Chief Quality and Nursing Officer for the Clinical Commissioning Groups (CCGs). Membership includes senior representation from across partner organisations.

Key issues and challenges in the sector

Shape of the Care Home market

- As of October 2021, there are 131 Care homes operating in Kirklees, with approximately 3,500 beds, of these 2,760 beds are available for older people with care needs.
- 64 Care Homes support older people, of these 39 support people with nursing care.

COVID19

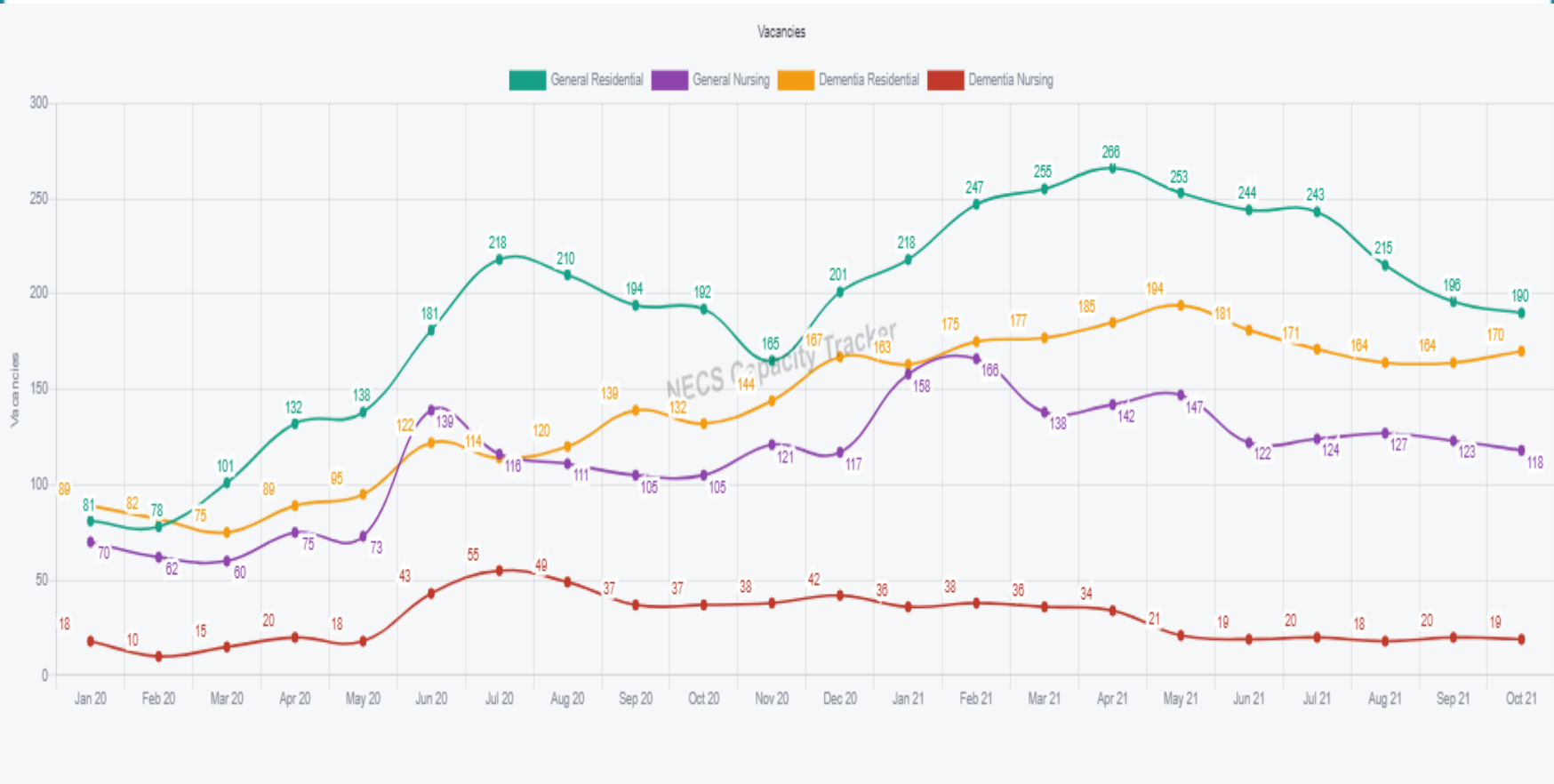
- The COVID19 pandemic has resulted in significant challenges for the sector with reduced admissions, increased death rates and increased business costs.
- The impact of COVID19 has exacerbated issues that were already affecting how the market operates. This has also had an impact on the Council's in house provision, where the in house short terms beds have had to operate in a flexible capacity to support system pressures
- The mandating of staff vaccinations has caused issues in the workforce, in terms of staff not wishing to receive a vaccine. The mandating of vaccines has and is expected to lead to more staff leaving the sector.
- We expect the impact of deconditioning in the population to impact case complexity across provision including care homes.

Occupancy

Occupancy in care homes has been impacted by COVID19, some homes have been able to remain at a reasonable level of occupancy but some homes have dropped to below 50% occupancy numbers which is not sustainable in the long term. This is expected to lead to some homes becoming unviable.

Key issues and challenges in the sector

Occupancy – bed vacancies in the local care home market

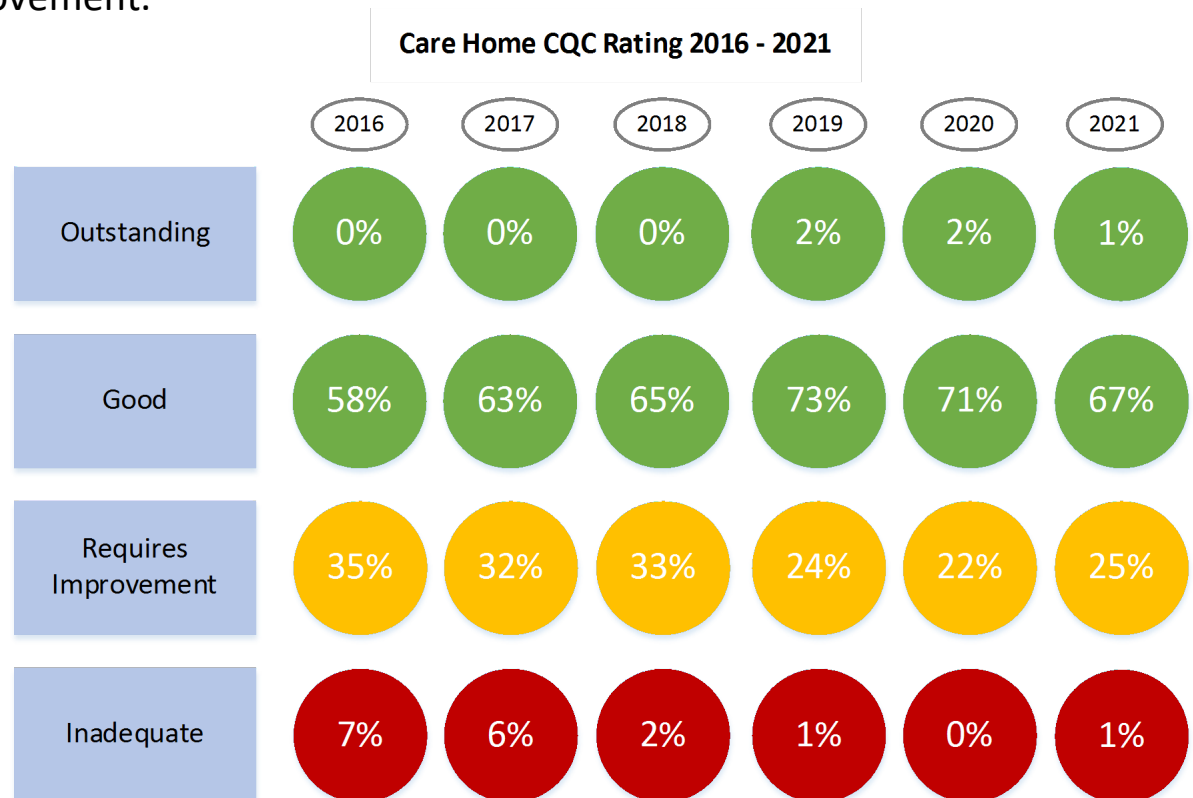


The chart above outlines the bed vacancies in the local market since the start of last year, there have been fluctuations some of which are because data accuracy has improved others are related to deaths in care homes. Dementia nursing capacity because of its complex nature has remained at a low level of vacancy or placement availability.

Key issues and challenges in the sector

Quality in care homes

- Quality in care homes has worsened slightly as a result of the impact of the Covid pandemic. A robust programme of work is in place supporting routine and enhanced management alongside quality improvement.



Figures may not sum due to there being no CQC rating against a provider or setting

Key issues and challenges in the sector

Workforce

- There are just over 4,000 people working across the care home sector in Kirklees , with 70% in direct care roles. Typically, these roles are fulfilled on a part time basis and there are around 3,500 WTE, and 2,450 WTE in direct care roles. The majority (85%) of the workforce in Kirklees are female, and the average age is 43 years old. Workers aged 24 and under make up 10% of the workforce and workers aged over 55 represented 25%.
- The demands on this workforce and increasing complexity of need in homes has brought increasing focus on the value and future skills requirements of the workforce.

Health and wellbeing of residents

- Keeping residents in care homes well is of paramount importance, the deaths in care homes due to the pandemic are each a tragedy. But health and wellbeing in care homes remains important and is a key challenge moving forward.

Key issues and challenges in the sector

Funding

- A sustainable funding model and approach for care homes remains a big challenge. The recent announcements around social care funding suggest a way forward but the detail of how this will work has yet to be clarified. There is a risk that the combination of finance needed to create a pay and conditions offer that attracts and retains the right workforce, funds more complex care and reduces the amount that people need to contribute to the cost of their care exceeds the resources currently identified nationally.

Digital

- There are a number of benefits that digital has brings to the care home sector, it increases connectivity to health and social care partners to better facilitate joined up care, it provides efficiency in homes because a task can be completed once and shared across multiple reporting systems, and it creates opportunities for residents to connect digitally with their natural support networks.

Key issues and challenges in the sector

Demand

• Now

- As previous charts have shown demand has fallen and vacancies remain high in part of the care home market. Feedback from the sector suggests that the negative portrayal of the sector in the media over the past 20 months have significantly impacted interest in new care home placements from both LA funded and those that fund their own care.
- There is an expectation that a small increase in demand will be seen as family carers circumstances mean that they are no longer able to support people with increasingly complex needs at home.

• In the future

- The demand for new places in care homes had been on a downward trend over the past decade, the impact of COVID19 on the sector has meant the future demand for places is predicted to be lower, the level at which demand will settle is not clear but is not expected to rebound to pre-pandemic levels.
- As outlined in the Cordis Bright report future demand is expected to be for shorter more complex packages of support in care homes. If population predictions are correct there will not be an increase in demand before 2025 when a larger cohort of the baby boomer generation reach a point where care home support may be required.
- This future demand has implication for the requirements of buildings, staff skills, and levels of funding that reflect the complex nature of future support needed in care homes.
- This also presents an opportunity to reflect on the Council's role as a provider and a key stakeholder in the market.

The work of the Board

The next few slides describe how the Care Home Programme Board through its work is addressing and working with the sector to develop solutions.

The work of the Board – Purpose and scope

Partly stemming from the Safeguarding Adult Review of the closure of Oxford Grange and the need for a more effective joint response, the purpose of the Care Homes Programme Board is to provide joined up strategic direction and oversight, to facilitate the delivery and implementation of plans to improve the health and wellbeing of people living in Kirklees care homes, as well as providing support to ensure and maintain a safe, vibrant high quality care home sector.

To build relationships and trust with care homes and partner organisations.

To provide the forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit people living in care homes and to help the health and social care economy make the best use of available resources.

Through a common and innovative approach to areas such as planning, performance, safeguarding, consultation and resource allocation, unblock system-wide barriers to improve health and wellbeing in care homes.

The board oversees five key work areas:

- Quality Improvement Assurance & Contracting
- Workforce
- Data & Dashboards
- Enhanced Health in Care Homes
- Market Management & Sustainability

The work of the Board - Quality Improvement Assurance & Contracting

Key areas of work

- Improving quality in care homes
- Supporting and developing a partnership approach to responding to quality issues

Progress made

- All care homes have access to Covid training; PPE and IPC advice.
- Process and support panel CHESP (Care Home Escalation Support Partnership) in place and functioning well.
- Proactive quality assurance visits and virtual support in place.
- Development of a proactive routine monitoring process.
- All care homes have an aligned GP practice, named clinical lead and weekly home round.
- Supporting vaccinations for staff and residents.
- Care home training delivered via virtual meetings.
- End of life training, advice and guidance in place.

The work of the Board - Workforce

Key areas of work

- Joining together an overall workforce development approach for care homes and other providers.
- Reducing barriers for new entrants to the sector.
- Support the provision of learning and staff development on the ground.

Progress made

- Linking and joint work with strategic integrated workforce group.
- Mapped, collated and marketed a range of development opportunities.
- Piloted Trainee Nurse Associate roles with academic network.
- Providing fortnightly themed virtual learning sessions.
- Wellbeing supported through menu of opportunities.
- Rolling out Culture Surveys and Safety Huddles.

The work of the Board – Digital, Data & Dashboards

Key areas of work

- Supporting the roll out of digital and it governance infrastructure.
- Maximising the use of data and intelligence.

Progress made

- Roll out of NHS mail.
- Roll out of iPads to support communication and interaction between residents, family and friends and health & care staff.
- Development and support for use of national Capacity Tracker.
- Roll out of Data Security and Protection Toolkit across providers.
- Roll out of Proxy medication ordering.
- Pilot use of SystemOne to access the clinical record in care homes.
- Pilot Tyto care technology to allow virtual consultations.

The work of the Board - Enhanced Health in Care Homes

Key areas of work

- Delivering high-quality personalised health care within care homes.
- Enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.

Progress made

- GP practice to care home alignment - 70% of care homes now fully aligned to one practice.
- Dedicated Geriatrician time to provide virtual reviews; MDT meetings and training in coming months .
- All residents have a Personalised Care and Support Plan, enhanced with an Emergency Care Plan and End of Life Care Plan, where appropriate.
- Home first philosophy on discharge from hospital supported by Locala Discharge Team.
- Continue to fund Discharge to Assess spot purchase beds until March 2022.
- Ongoing review of the Intermediate Care and Transitional bed base.
- CKW Covid Designated beds commissioned until March 2022.
- Improving joint MDT working in development.
- Joint working with council colleagues on Loneliness agenda.
- Wound care pilot to commence – audit/training/support regarding wounds of the lower leg.
- Data sharing process - creating extremely robust assurance/ governance framework.

Cordis Bright Key Findings

- In common with local authorities across England, care homes in Kirklees are facing high vacancy levels.
- Whilst Covid-19 has worsened the situation, demand for care home beds has been falling across England for many years, as a response to the improving health of older people, changed commissioning priorities, and changing customer attitudes.
- Between 2012 and 2020 there was an overall reduction in the number of residential care and nursing care beds per 100 of the population aged 75+ in Kirklees of 12.5 in 2012 to 10.2 in 2018 (slightly above the 10.1 Yorkshire and Humberside average and the 9.6 England average), this shows the long-term trend away from care home provision in the older adult population which grew by 16% over the same period (75+ age group).
- In line with our Vision the “Home First” approach has resulted in the increase demand in the local domiciliary care market.
- There is a need to re-baseline the bed base to achieve desired occupancy levels in the older people sector.
- The predicted future demand for care homes is for people with more complex support needs who will stay for a shorter period of time.
- This predicted change has an impact on Skills, Buildings and Care management.

The work of the Board - Market Management & Sustainability

Key areas of work

Care Association

- The purpose of this T&F group is to support and development funding requirements that will formalise the Care Association locally. The group is also responsible for connecting the Association into joint work moving forward.

Contracting

- The purpose of this T&F group is to ensure mechanisms are place for mutually beneficial contracting arrangements.

Fees & Funding

- The purpose of this T&F group is to develop an aspirational fee model and explore fees linked to quality. Further work of this group is to maximise external funding and collaboration in the sector.

Strategic Assets & Diversification

- The purpose of this T&F group is to identify assets that are critical in the market. The group is also tasked with developing responses to support providers to diversify and make best use of current assets, this includes consideration of the assets across the Council's stock and services

Workforce

- The purpose of this T&F group is around recruitment, retention, training and careers options in the sector.

The work of the Board - Market Management & Sustainability

Progress made

- Forming working groups with the sector to shape solutions together.
- Development of a Care Association business case gaining joint support from the LA and CCG.
- Exploring and agreeing with the sector contract alterations that are needed in 2022.
- Exploring with the sector the equipment and technology available to the sector.
- Exploring with the sector the approach to fees and uplifts for 2022.
- Begun regional discussions about a common approach to calculating fees and a non fee offer to the sector.
- Mapping care assets and agreeing in conjunction with others where support may be needed, and what that support needs to look like.
- Working with the Council's in house services to determine the role of the Council as a key provider in the market and the strategy of the Council's offer.
- Joint work around integrated workforce and workforce development.

Training and support

Verification of Expected Death

- Training is being delivered to registered nurses within care homes and is being implemented in stages starting with the care homes within North Kirklees, with plans in place to roll out across Kirklees in the near future.

End of life Care Plans

- Guidance around advanced care planning is regularly communicated to care homes and documents are published on shared NHS Futures information sharing platform.
- Specialist advice line provided by The Kirkwood offers case level support and guidance to care homes on a wide range of practical points around end of life support and the discussions and planning that need to be in place around it.
- The Specialist Palliative Care Nurse service also support specialist training and education for both Care Homes and GP practices, in collaboration with local partners.
- The Locala Care Home Support Team initiate and review plans in all Older Peoples' homes.
- Regular review of end of life residents via weekly home rounds.

Testing and Swab Taking

- Government guidance around testing and swab taking is issued to care homes through a variety of channels and is available through the NHS Futures information sharing platform.

Conclusions

- The work and structure of the Care Home Programme Board and its plan of work has continued to evolve and be shaped by active issues in the local market.
- The board has placed increasing emphasis on shaping deliverables with the sector and in the near future a representative of the sector will have a permanent seat on the board.
- The board continues to work across health, social care and public health to ensure the best support and development arrangements are in place for this important part of the local care economy.
- The board welcomes any thoughts and comments of the Health and Adult Social Care Scrutiny Panel.