

Adult Social Care & Health Overview & Scrutiny Committee

10 May 2018

Update on Commissioned Care Services for Older People

Recommendations

1. That Adult Social Care & Health & Overview Committee considers and comments on the contents of the report.

1.0 Key Issues/Summary

- 1.1 The update within the Older People's commissioned service area will be presented to Adult Social Care & Health Overview and Scrutiny Committee on May 10th in the form of a presentation. This will detail the key issues, developments, achievements and risks for the Domiciliary Care Services and Care Home commissioned service areas.
- 1.2 This report for Adult Social Care & Health Overview and Scrutiny Committee will detail: the status of the commissioned services for Domiciliary Care and Care Home provision; an overview of quality and assurance for commissioned services, paying particular attention to the learning and development initiatives that have been implemented for the provider market; and the current market priorities and issues for the two commissioned service areas for older people.
- 1.3 Adult Social Care & Health Overview and Scrutiny Committee are asked to make reference to the following background papers, to give context to this update report:
 - Update on Domiciliary Care, presented to OSC on 12th July 2017;
 - Assuring and Improving the Quality of Services Provided by Independent Care Homes, Domiciliary Care and Other External Providers, presented to OSC on 1st March 2017;
 - Market Position Statement for Adult Social Care 2017. January 2018

2.0 Background

- 2.1 The Strategic Commissioning Business Unit within the People Group Directorate is responsible for commissioning support services for the citizens of Warwickshire, based on their identified need and demand. The range of services that the business unit is responsible for commissioning is wide reaching and very varied. The business unit takes responsibility for: the quality and performance monitoring; the development of these

commissioned services against contracts; and market management which works with the provider market and commissioners to develop and sustain a viable care market. All of this should result in the citizens of Warwickshire having choice and control over the services that they can access.

- 2.2 The business unit manages 651 individual contracts across three main commissioning areas: Children, All Age Disabilities and Older People. For the latter two areas, there are 567 contracts and these have a total purchasing value of £128 million during 2017-18. Unsurprisingly, the largest volume of commissioned services delivered by the business unit is for older people.

3.0 Domiciliary Care Commissioned Service Update

- 3.1. The commissioned contract for domiciliary care service provision has been in place since August 2016. The contract value for this service area is around £20 million. This service responds to customers that meet the Care Act eligibility criteria and require care and support in their own home. This support can consist of intimate personal care support. It is categorised as a critical service area, due to the volume of customers that it provides a service (approximately 2000 at any one time) and the needs of the customer cohort - individuals that are over the age of 75 years of age and are frail, often with various health issues. Many of the customers in receipt of this service live alone.
- 3.2 The Domiciliary Care Service consists of 31 contracted providers. Each provider works within a geographical zone (there are 8 zones throughout the county in total) and each has a guaranteed volume of hours that the Council gives to them through the contract. This enables the providers to secure their business in terms of sustainability and viability as they can plan based on a percentage of the business at all times.
- 3.3 In terms of the quality of these Domiciliary Care Services, **Table 1** below reflects the percentage of customers that receive a Domiciliary Care Service from a provider with a specific CQC rating at the last inspection. The highest percentages of our customers are currently with a service with a CQC rating of good. More detail on how the quality and assurance of services is maintained will be found in Section 3.3 of this report.

Table 1

CQC rating	% of domiciliary care customers
Good	82%
Requires Improvement	16%
Inadequate	2%

- 3.4 The domiciliary care model that has been adopted within Warwickshire has ensured customers receive care from a consistent provider, as each contracted provider works within a specific geographical area. The Brokerage Team (part of Strategic Commissioning) has been fundamental in developing this model within Warwickshire, as they are the central route for customer referrals from Social Care Teams (both in the community and in the hospitals). The brokers use their data intelligence to match each customer to a contracted provider, based on the providers contracted capacity available and their activity that is already evident in the specific geographical area. This has enabled the contracted providers to cluster their calls and has minimised travel and mileage for the Domiciliary Care Worker, in turn increasing the contact time that the customer receives during their care call.
- 3.5 Domiciliary Care Services remain an ongoing demand within Warwickshire and from September 2016 to January 2017 a total of 3905 individual referrals were received into the Domiciliary Care Brokerage Team. On average during this time, it took the Brokerage Team 4 days to secure each package of care for customers.
- 3.6 The Brokerage Team has assisted the Council to develop their relationship with the domiciliary care provider market. Zone meetings have been implemented that take place every 6 weeks between a Broker and the zone providers (4 meetings in total, 2 zones per meeting). These meetings have enabled the contracted providers to develop relationships with each other, so that they can work collaboratively to problem solve on issues that they are all facing, such as the recruitment and retention of care staff. These meetings have also enabled the Brokers to educate the providers on the community assets that are available within their geographical zone. This has resulted in the providers using their community links to enhance the customers support that they receive. Customers have reported that they have had the opportunity to access local community groups and this has been through the support offered by their domiciliary care provider. The Brokers have also been trained on the use of Assistive Technology support and assist the provider in signposting the customer regarding the use of AT to enhance their care package. Some examples of AT that has been utilised is as follows:
- GPS tracker for a carer to use for someone that has dementia and walks with purpose;
 - A telephone app that reminds the individual to take their medication.
- 3.7 A customer engagement process has recently been undertaken to gain the views of those that are currently using the Domiciliary Care Services within Warwickshire. This engagement activity is a standard process within commissioning work and enables us to evaluate the service from the people that matter most; those that are using the service on a daily basis.

- 3.8 177 customers in receipt of a domiciliary care service responded to the survey. All of the geographical zones were represented in the survey. Of those that completed the survey:
- 80% of customers were always or mostly satisfied with the service;
 - 68% of customers are happy with communication from the care service;
 - 37% of customers receive a call from the main office if the carer is going to be late.
- 3.9 As part of the survey, customers were asked what is good about the service. They responded with the following feedback;
- They benefit from staying at home in comfort;
 - They thought it was good knowing the care workers;
 - They made positive comments about the service finding the companionship and communication of the care workers and the Domiciliary Care Providers main office good;
 - They reported various examples of positive staff behaviour;
 - Some of the many descriptions of positive behaviour include; nice, caring, lovely, reliable, helpful, kind, good, thoughtful, marvellous, sociable, respectful, knowledgeable, considerate, understanding, patient, pleasant, efficient, punctual, friendly, dignified.
- 3.10 As part of the survey, customers were asked to consider areas for improvement. Over 40% of responses did not think this was applicable and had no comments for improvement. The issues that customers did have were about the following;
- Time of calls not always reflecting preferences;
 - Communication between the Main Office and Care Worker could be improved;
 - Sometimes different Care Workers attend that the customer does not know;
 - Carers requiring further training.
- 3.11 All of the outcomes from the customer survey will form part of the overall contract review for Domiciliary Care Services and a commissioning development plan will be implemented that will focus on improvements required to ensure that the contract and the service delivery model remains fit for purpose during its contract cycle of 5 years.

4.0 Older People's Care Home Commissioned Service Update

- 4.1 In October 2016, the Strategic Commissioning Business Unit, in partnership with Warwickshire North Clinical Commissioning Group (WNCCG) and South Warwickshire Clinical Commissioning Group (SWCCG) led on the re-commissioning of all adult care home provision across Warwickshire.

- 4.2 The reasoning behind this commissioning activity was twofold: to invite care home providers to work to a new service specification, which is outcome based; and to negotiate a fee price for each provider that reflected a more realistic price against the cost of providing the service.
- 4.3 This commissioning work has resulted in 108 Care Homes contracting with the Council on behalf of the Council and on behalf of WCCG and SWCCG. Of this figure, 87 homes are for older people. In terms of the quality of the care homes (for all adults, including disabilities), **Table 2** reflects their current status with the regulated body; Care Quality Commission. (CQC) The highest percentages of customers are currently residing in a care home with a CQC rating of good. More detail on how the quality and assurance of care homes is maintained will be found in Section 3.3 of this report.

Table 2

CQC Rating	Number of Providers	Number of customers
Outstanding	9	172
Good	73	1224
Require Improvement	12	343
Inadequate	1	17

- 4.4 The contract arrangements for care homes for adults within Warwickshire is through a framework arrangement. This means that WNCCG, SWCCG and the Council can approach any of the 108 care homes for a potential placement for a customer that is eligible. Where a care home is experiencing difficulties in terms of the quality of the care they are delivering - for example, if they receive a rating of Inadequate with CQC, then the Council has the authority to impose a placement stop at this home. This means that the home cannot take any new residents during this time. A placement stop will only be lifted once the home evidences sustained quality improvements.
- 4.5 All placement stops and quality issues that relate to care homes are managed through the Service Escalation Panel (SEP) This is a multi-disciplinary panel consisting of stakeholders from the CCGs, CQC, Strategic Commissioning, Social Care and Support operational staff including safeguarding. More detail on the SEP process can be found in Section 3.3 of this report.
- 4.6 In terms of pricing for the care home market, weekly fee rates for Older People's Care Homes were agreed with providers at individual negotiation meetings during the formal tendering process. Prior to the meetings, each provider submitted information to the Council about cost pressures. The Council consulted with Deloitte, which was engaged to analyse the information together with existing fee levels for incumbent providers, and other market information including wage rates and business and property costs.

- 4.7 Since the Care Home contract was let in Autumn 2016, inflationary uplifts have been applied to the Care Home fees three times in total. In addition to the planned annual uplift process to determine uplifts from April 17 and April 18, an additional uplift was awarded in October 2017, funded through iBCF additional funding announced in the 2017 Spring Budget Statement by the Chancellor of the Exchequer.
- 4.8 The current weekly fee rates for framework contract providers range from £503.06 to £512.09 (a range of 2%) while the rates for spot purchases are no lower than £491.00 (4% less than the framework maximum).

5.0 Quality Assurance & Improvement update

- 5.1 All social care commissioned services are quality assured through the See, Hear, Act Strategy. This strategy puts customer experience at the centre of quality assurance, focussing on how the provider effectively and safely supports the customer to meet their identified outcomes. See, Hear, Act was launched to the citizens of Warwickshire in November 2017. The launch involved significant community engagement, social media promotion and focussed engagement with providers to promote the approach.
- 5.2 The Quality Assurance and Improvement Team, supported by the Insight Service follow three key principles in their work: it is evidence led and planned; it acts proactively to identify and address quality issues; and it acts where needed to enforce required improvements.
- 5.3 See, Hear, Act relies on having a range of up to date, good quality, data. To this end, Insight provides a range of support to the Quality Assurance and Improvement Team. They provide and manage a quality dashboard which presents all of the key information. They also coordinate a number of tools which are used to collect data from a range of sources. This includes promoting to the citizens of Warwickshire that they have a role to play in the quality of social care services and enabling them to feedback their (and their loved ones) experiences of care and support.
- 5.4 In addition to the constant monitoring of data and intelligence, providers receive regular quality assurance visits. These visits enable a range of information to be triangulated to ensure that the quality of the service is appropriate and the provider is meeting the outcomes required for its customers. During 2017/18 97 visits were undertaken to commissioned older people service providers. Where areas for improvement are identified, providers are issued with a Service Improvement Plan, which includes an action plan that focuses on creating systematic and sustained improvements within the commissioned service.
- 5.5 For services that are jointly commissioned with WNCCG and SWCCG; adult care home services, there is a shared approach to quality assurance that follows the See, Hear, Act model. This work includes joint visits, sharing data and sharing Service Improvement Plans.

- 5.6 Where significant concerns exist, providers are referred to Service Escalation Panel (SEP). This multi-agency panel includes strategic commissioning, operations colleagues, safeguarding, CQC and CCG colleagues. This Panel provides additional oversight and monitoring of these providers; planning a co-ordinated response to ensure issues are resolved as swiftly as possible whilst maintaining the safety of any customers affected.
- 5.7 The Quality Assurance and Improvement Team further support quality improvements by supporting and working alongside a variety of other teams who support providers. For example:
- by referring services to the CCG Infection Prevention services;
 - supporting Public Health and the Dietetic Service to develop Food and Nutrition Standards for residential and nursing homes;
 - working with the Occupational Therapy Team to secure a dedicated Senior Occupational Therapist post to work with commissioned providers to improve their service.
- 5.8 Whilst there are many and varied issues identified through quality assurance activity, there are key themes which are often identified as the root cause for these quality issues. These key themes are:
- Operational leadership and management;
 - Strategic leadership and management;
 - Recruitment and retention;
 - Skills and knowledge development.
- 5.9 Operational leadership and management issues include having skilled, stable leadership within the service that the provider is offering. For example, services without a Registered Manager or with a high turnover of Registered Managers are more likely to experience issues with quality.
- 5.10 Strategic leadership and management concerns issues with Directors and owners of the care service. We have identified issues with providers which directly relate to the quality and effectiveness of the strategic oversight their operational managers and staff receive. In particular, there is often a lack of understanding of the role of Responsible Individual - a role required by CQC - and their responsibilities in the management of services.
- 5.11 Recruitment and retention is a national issue, and the issues felt in Warwickshire reflect this national picture. Challenges in recruiting and retaining staff mean that customers are less likely to receive care and support from staff they know well and who have the right knowledge and skills. High turnover and vacancy rates put additional financial strain on providers as they face additional costs of recruitment and agency staff use.
- 5.12 As the care and support needs of customers change, providers have a duty to develop the skills and knowledge of their staff to ensure that they continue

to be able to meet these needs. This can be complex and expensive, and is compounded by the recruitment and retention rates within the sector.

- 5.13 It was identified that effective learning and development would be critical in tackling these key issues and therefore a request was made to the Better Care Fund in 2017 to establish a Provider Learning and Development Service. This request was successful and the service was set up in November 2017.
- 5.14 There are three key elements to the Provider Learning and Development Service. They are:
- Partnership Board with members from providers, CCG, commissioning and operational colleagues. The Board is responsible for identifying the key learning and development needs for the sector from a range of sources and ensuring the Partnership develops appropriate plans to meet these needs;
 - Practical support for providers from two learning and development specialists based within the Quality Assurance and Improvement Team;
 - A bursary fund to support identified learning and development needs within the sector.
- 5.15 Since the partnership was launched to the market on 1st January 2018, 87 providers have joined the partnership, 49 of these are delivering older people services. A number of learning opportunities have been commissioned for providers on a range of subjects, focussed on supporting them with the key quality issues. Providers are also applying for targeted bursary payments to meet specific learning and development needs.
- 5.16 The presence of the Learning and Development Service has also allowed Strategic Commissioning to identify and develop innovative approaches to these quality issues. For example, Health and Social Care has been identified as the priority sector for Economy and Skills Team for inclusion in the Apprenticeship Levy pilot. If successful, this pilot will enable commissioned social care providers to access significant extra funding for apprenticeships - a major support for both recruitment issues and skills development.
- 5.17 In summary, through effective quality assurance activity and support for providers to improve, Warwickshire County Council takes a proactive approach to ensuring that its customers have access to a diverse range of quality services which can meet their needs.

6.0 Market Management Update

- 6.1 The Market Management function includes the following in relation to the Older People Residential/Nursing, and Domiciliary Care markets:

- To develop with commissioners, and partners including NHS: to analyse and report on the current market shape and its fitness for purpose; and generate options for future market shape, taking into account demand profiles and service availability;
- To ensure that care services are sufficiently funded to remain viable and deliver levels of service in line with contracted expectations;
- To develop recommendations about fair prices and annual inflationary uplifts for commissioned social care services across the People Group, based on research and analysis of local market pricing data and national reports;
- To monitor the financial viability of providers and the market they form and to manage any provider failure, coordinating activity to ensure business continuity and minimal impact on customers.

- 6.2 Market shaping work and supporting commissioning activities are summarised in the Market Position Statement. This is a document primarily aimed at a provider audience and is available to the general public at the WCC website. It was published in December 2017.
- 6.3 At April 2018 there are a total of 175 Care Homes for adults located in Warwickshire. Of these, 108 provide accommodation with care predominantly for Older People with a total 4,808 beds. An older people's home has, on average, 44 beds; the average for a home for people with disabilities is around 7.
- 6.4 There is some change in the overall number of care homes over time. Between April 2013 and April 2018, 8 new older people care homes have opened, while 8 closed. The homes opening included more beds than those which closed, resulting in an overall increase of 314 beds over this period.
- 6.5 General ONS population estimates indicate very significant increases in the older age population between 2020 and 2035. The numbers of people requiring care services, and the proportion of those who will be direct WCC customers, is difficult to estimate. Estimates by POPPI ([Projecting Older People Population Information System](#) - maintained by the Institute of Public Care) suggest that until 2020 there will be sufficient older people and nursing care home beds to meet overall demand including NHS and self-funded citizens until 2020. From 2020 onwards the situation is difficult to forecast, particularly given the continuing reductions in the number of WCC customers, and a strategic focus on ongoing demand management activity.
- 6.6 The number of older people living in care homes, but who are not WCC customers has not been readily available on a regular basis. While the POPPI estimates are available, they are based on proportions of the population living in care homes collected during the 2011 Census, and do not report on funding arrangements (e.g. LA customers, NHS patients, Self-funded). Establishing a reliable data source is an ongoing aim of WCC People Group commissioning, working with CCGs.

6.7 Further, more detailed analysis of information on demographic trends and demand for care services is ongoing and will inform the development of options for a WCC Commissioning strategy to work with the market to ensure sufficiency of supply. The role of Extra Care Housing (ECH) as an alternative to care homes will be a significant factor - ECH has grown quickly during a period when numbers of WCC customers in care homes has reduced. This correlation needs further analysis to understand if there is a causal relation.

7.0 Timescales associated with the decision and next steps

7.1 The next steps for the Older People's commissioned care home and domiciliary care service areas.

7.2 2016 to 2017 was an extremely busy year in terms of Older People's Commissioning activity. Two of the largest and most critical service areas were successfully tendered. The commissioning of the Domiciliary Care Service in particular took a big step forward, as this consisted of developing a completely new model of service delivery within Warwickshire. This service continues to be monitored very closely within the Strategic Commissioning Business Unit. The Domiciliary Care market has a national reputation for being very fragile. It only takes one provider failure within the market that could have a significant impact on the overall quality and availability of this service to customers.

7.3 To assist with the ongoing monitoring required for the Domiciliary Care Service contract, we have created two Contract Compliance posts. Their primary purpose is to work with each contracted provider to ensure compliance against contract. The post holders will work closely with the lead Commissioner to enable remedial action to be taken where required. The post holder will also have a close interface with the Quality Assurance and Improvement Team and in particular the Learning and Development Service, as they will promote providers to access bespoke support and advice to help them sustain their own business models within Warwickshire.

7.4 Alongside the Contract Compliance Officer posts, the Domiciliary Care Broker role will continue to evolve within the People Group. Their responsibilities are going to expand with the aim of enhancing the customers journey for this service area. The expected outcome is that delayed transfers of care will further reduce as the time taken from when a customer is referred to the Brokers for Domiciliary Care Service to when they actually start to receive the service will continue to improve.

7.5 In terms of the Care Home market for older people, we continue to engage with the market quarterly through the regular forums. This gives the providers the opportunity to network with each other and also to receive feedback from Strategic Commissioning on any news, key messages and priorities. CCG and Public Health colleagues also attend to inform the market on invaluable developments and information such as Flu Vaccine and Support programmes and the out of hospital programme.

7.6 The commissioning priorities for the next 12 months for this area of the market is to continue to revise and refine the Council's fee structure for care homes, with the aim of ensuring that the providers can continue to operate in a safe and effective and sustainable way.

8.0 Background papers

- Update on Domiciliary Care, presented to OSC on 12th July 2017
- Assuring and Improving the Quality of Services Provided by Independent Care Homes, Domiciliary Care and Other External Providers, presented to OSC on 1st March 2017
- Market Position Statement for Adult Social Care 2017+ January 2018

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Local Members: None

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