Sefton Local Authority & Sefton's Clinical Commissioning Groups Joint Care Home Strategy

2021-2024

Sefton Council

NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Abstract

A strategy to set out an integrated approach to Care Homes in Sefton. How we will work as one to support our Homes to achieve outstanding care and support, refresh and reset for future delivery and deliver a Care Market built around the needs of Sefton's population.

NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

Contents

1. Forewords

"We are delighted to jointly launch this strategy which represents a shared commitment across the Health and Social Care system to further develop and support the Sefton care home market. Care homes have, and continue to, experience significant challenges and we recognise the vital work that they have conducted and the dedication that their staff have demonstrated during the Covid 19 pandemic.

The strategy builds on existing work and has been developed to describe how we will work in a continued integrated way with all stakeholders.

Care homes have, and will always be, an important element of the Health and Social Care system, caring for some of our most vulnerable residents. This strategy outlines how we will continue to support and develop the market with a strong focus on the provision of high quality services and improving outcomes for care home residents.

The strategy will be a working document, subject to regular review and engagement, in order to reflect factors such as impending changes to the Health and Social Care system. We are pleased that we have developed this strategy in advance of these changes as it demonstrates within Sefton our ability to build on our established commitment to working together.

This strategy is ambitious, and we will all work hard to deliver it"

Deborah Butcher
Executive Director of Adult Social Care & Health

&

Fiona Taylor
Chief Officer, NHS South Sefton and NHS Southport and Formby CCGs

"I am pleased to endorse this strategy which represents a shared commitment to working together on important issues. Now more than ever there is a need to focus on the Sefton care home sector and I feel that this strategy represents a clear direction of travel for this work.

Care homes support some of the most vulnerable people in Sefton and it is important that we have an ongoing commitment to developing and supporting the sector so that it continues to do so.

At the heart of this strategy are the people that require care home placements and ensuring that services meet their needs and deliver safe, good quality and outcome focussed services to them"

Councillor Paul Cummins
Cabinet Member, Adult Social Care

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

"Care and support to people when they need it in the community is a vital part of our health and care system. Care homes play a very important part in people's lives whether they are people with long-term conditions and disabilities, older people or people nearing the end of their life
I am very pleased to have been involved in the development of the Sefton care home strategy. This strategy sets out a vision for care homes of the future. It aims to ensure that people are enabled to live in their own homes where ever possible for as long as possible, but it also places clear emphasis on the vital role that care homes play in our community.
This strategy shows how health and social care systems are going to work together to ensure that our care homes in Sefton are fit for the future and deliver excellent quality of care and an excellent experience for the people who use their services. I look forward to working with our partners to deliver it over the next three years"

Chrissie Cooke

Chief Nurse, NHS South Sefton CCG and NHS Southport and Formby CCG

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

2. Executive Summary / Key Themes

This strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.

Whilst progress has been made to date, especially during the COVID-19 pandemic, we recognise that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.

Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role. Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.

Following on from this, Sefton care homes need to be supported by Commissioners and given a clear sense of direction around current and future needs and co-ordinated services which can support them, and the outcomes we jointly need to achieve for our residents.

This strategy has been produced to provide an outline of how we wish the care home market to operate, how we will engage and support the market to adapt to wider strategic aims and objectives.

At the inception of the development of this strategy it was proposed that it would cover the five-year period of 2020-25, however it is recognised that at the present time the Sefton care home market, as with the national market, is operating in a time of unprecedented change. As a result, the timeframe for this strategy was reduced to the three-year period of 2021-24 in order to reflect the uncertainty around the impacts on the sector, but also to outline a vision for the sector and a co-ordinated structure and approach to various workstreams, which once embedded will inform longer-term work on the sector and future decisions. As a result, this strategy should be viewed as a 'working document' which outlines a future direction for the sector but will be regularly reviewed in order to take into account progress made, feedback from key stakeholders and wider national and local determinants.

The key themes of this strategy are summarised in the following diagram, but are also highlighted throughout this document;

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

Residents

■ Services continue to meet needs and adapt to changes in levels of need

■ Residents will have equitable access to high quality safe Health and Care services, with a good personal experience of those services

■ Residents remain part of their local communities

■ Intention to see reduction in care home placements / Increased focus on Independence at Home and providing short-term interventions

■ Family Members and Advocates are involved in service delivery arrangements and are kept informed

Care Homes & Their Workforce

■ Enhanced Health in Care Homes embedded to support homes

■ Scoping exercise of current workforce and vacancy numbers and types

■ Promotion of the role of the carer

■ Engagement with Colleges and Learning Providers

■ Staff development a priority and staff the necessary training and support they require - for example My Home Life

■ Staff are supported by technological solutions that help them in their day-to-day delivery of care and support

■ Staff are supported to deal with the impact of the COVID pandemic

Quality

■ Realise the ambition of getting care homes to an Oustanding rating

■ Robust Quality Assurance mechansisms in place, supported by technological solutions that streamline reporting.

■ Safeguarding processes which encompass identifying any trends

■ Updated service specification which reflects drive to increase quality

■ Continued intelligence sharing with partners such as Care Quality Commission

■ Development of a Sefton Quality Mark

Consultation & Engagement

■ Mechanisms are put in place to ensure more active enagement with the market - operating in a spirit or openness and partnership working

■ The market is clear about what services are needed / commissioning intentions

■ Timely engagement and consultation

■ Partnership working takes place to develop / adapt the market to best meet needs - including supporting people with most complex needs

■ Engagement mechanisms established at start of COVID-19 pandemic is continued and further developed

Commissioning / Finance / Analysis

■ Category Management approach adopted for the sector

■ More Integrated Commissioning opportunities developed and implemented

■ Contracts and Service Specifications are updated to better reflect desired outcomes

■ Financial arrangements are reviewed to ensure they are as streamlined as much as possible, reflect current costs and represent Value for Money. New tools also created to foormulate costings for specific placements

3. Introduction

Care Homes provide a crucial role in the Health and Social Care landscape delivering care to some of the most vulnerable people in Sefton. It is essential that the provision of care within Care Homes is high quality and meets the needs of the people who live there.

During the COVID-19 response we have been further reminded of the vital role care homes play in the Health and Social Care system and how vital it is to adopt a supportive and facilitative wrap around offer from the wider system to maintain services and ensure that care homes are supported and do not operate in isolation. It is clear that any strategy we have must detail how all parts of Social Care and Health must work together to engage understand and respond to the needs of the Care Home Market.

Looking forward we must work with the market to remodel and face the future financially and in terms of offer. The Market will need to adapt, and we will need to clearly articulate what we need from them supporting the market to evolve, considering alternative delivery where required. This will need to include working with Care Homes on resilience plans for the short, medium and long term. This will need to include aspects relating to workforce, finance, PPE, re-deployment of staff etc

The current Care Home Market in Sefton is uncoordinated in terms of development or strategic direction. This strategy describes a 3-year approach to this sector of care, providing a direction of travel for existing care Providers and a clear indication to new Providers wishing to become part of the Sefton Care Home market.

Essential to the success of this strategy is strong leadership at all levels and across all agencies. Success will revolve around a commitment to

supporting and delivering high quality care and the development of trusting, committed partnerships. The strategy will enable us to develop and communicate the long-term commissioning intentions of Sefton Local Authority (SLA) and the Southport and Formby and South Sefton Clinical Commissioning Groups (CCGs).

As Commissioners we need to improve the communication of strategic visions around Care Home Development. Currently new Care Homes are built within the Borough with little discussion regarding the provision being offered nor consideration of the required support from community, primary or secondary care.

It is important to highlight that a key theme running through this strategy is improving the experiences of people that live in care homes and ensuring that people receive good quality care and support. The strategy also outlines the development of a model of care provision that leads to the individual remaining in their own home for longer. This will require a fundamental improvement in the availability of Intermediate Care related services, Domiciliary Care services, Extra Care housing, Community Equipment Services, access to adaptations in the home, wider use of Telecare and Telehealth tools and other community provision that supports people to live at home for longer.

4. High Level Vision / Desired Outcomes of this Strategy

Current Sefton Market

- High number of care homes in the borough
- Lack of engagement on proposed new care homes being built / opened in the borough
- High number of placements made (including out-of-borough placements)
- Commissioners working separately and operating under different frameworks and contractual arrangements
- Lack of clarity on fee rates and how they are formulated / historic payment arrangements still in place
- Low use of TECS and I.T. solutions to support service delivery / issues with timely updating and exchange of information
- Low level of engagement and consultation - including Commissioners outlining future needs and market engaging with Commissioners when seeking to develop new services
- Commissioners having in place separate commissioning / contract / monitoring / finance arrangements
- Un-coordinated 'support offer' to care homes, including training, staff support and wrap-around services

Strategy Delivery →

Sefton Market of the Future

- Reduced number of long-term placements made, with increased focus on providing more short-term care to aid maintaining independence, such as through Intermediate Care and Extra Care services
- Greater integrated working between Commissioners
- Improved engagement - market is aware of commissioning intentions and needs, where approriate, works with Commissioners to re-model services and is actively involved in the implementation of this strategy
- Updated cost-of-care exercise completed which implements new fee models and payment arrangements, which take into account different levels of Resident complexity
- Greater use of TECS and I.T. solutions to support independence and service delivery
- Enhanced Health in Care Homes embedded
- Focus on improving / maintaining quality - including workforce development and support issues and drive towards Outstanding CQC ratings
- Robust arrangements to review any proposals for new services and how any new developments can support meeting wider aims

5. Definitions

Care at home

Care at Home or Domiciliary care is care provided in the patient's home. This can be general or nursing and may be funded by the patient (depending on their financial status) or local authority. It generally includes a number of visits during the day but does not provide 24-hour support. In Sefton we will work to ensure access to high quality Care at a Fair cost of care that allows people to remain in their own home wherever possible, utilising the resource of residential or nursing home by those whose needs require it most.

Technology Enabled Care Services (TECS) & Equipment

Technology Enabled Care Solutions (TECS) is fast becoming the accepted description for a range of health and care technologies such as Telecare, Telehealth, Environmental Controls, mHealth and Telemedicine. The reason for developing a generic term for these technologies is to ensure that the patient or end user can benefit from the correct technology which they require at any time, and not be restricted by services or funding streams which are not person centric or do not meet the individual's needs.

However, it is important that Professional prescribers, Patients, Residents and Carers understand the different terms that make up the TECS and information.

In summary, the different elements of TECS and Equipment are;

- **Telecare** - Developed from Social Alarms services which have been supporting elderly and vulnerable people live more independently. Telecare services provide a 24/7 monitoring service which will escalate alarm activations to a named responder or, if appropriate, the emergency services.

- **Telehealth** - Telehealth systems support people with Long Term Conditions (LTC's) to self-manage their conditions, remain more independent, reduce hospital stays, allow early hospital discharge and reduce the dependency on primary health and GP services.

- **mHealth** - A number of the services described under Telehealth can also be accessed via mobile phone technology and Apps, these systems are often used by younger Residents and patients to allow them greater flexibility to access these services. Another mHealth application is the use of GPS and GPRS to provide safe walking services to people with dementia, early stage Alzheimers and learning disabilities.

- **Assistive Technologies (Environmental Controls)** – These allow people with severe disabilities to function as independently as possible by using devices that allow them to carry out day to day activities such as switching on lights, opening curtains, turning on the TV and using a computer though a range of switches and sensors which can be operated with only limited movement. Environmental Controls can also be used in conjunction with Telecare and Telehealth systems.

- **Telemedicine** – this is the use of video technology to enable specialists and consultants to support patients and other professionals remotely by making a diagnosis and recommending treatments. Vital signs data, x-rays and other information can also be transmitted to

enable a speedy diagnosis when a patient is located in a remote area or the expertise is not available locally. Telemedicine systems are mainly employed in an acute health environment.

- **Community Equipment** – Daily living aids to support independence in the home, it may be things like loo seat raisers or walking aids.

- **Adaptations to an individual's home** – This may include installing level access showers, Ceiling track hosts or stair lifts to support an individual's daily life and informal or formal care providers maintaining care provision.

Residential Homes

A Care Home is a residential setting which enables individuals to maintain their relationships and interests within a single site.

In addition to the accommodation, residents receive help and assistance with:

- Personal Hygiene, including help with washing, bathing, shaving, oral hygiene and nail care.

- Continence management, including assistance with toileting, skin care, incontinence laundry and bed changing.

- Food and Diet, including preparation of food and fulfilment of dietary requirements and assistance with eating.

- Counselling and support, including behaviour management, psychological support

- Simple treatments, including assistance with medication (including eye drops), applications simple dressings, lotions and creams.

- Personal assistance, including help with dressing, surgical appliances, mechanical or manual aids, assistance getting up or going to bed.

- Medication, Support with medication administration

Nursing Homes

These homes provide the same help and assistance as a general /residential care home but they also have professional registered nurses (although some residential homes do actually have Nursing staff) and experienced care assistants who can provide 24-hour nursing care services for more complex health needs.
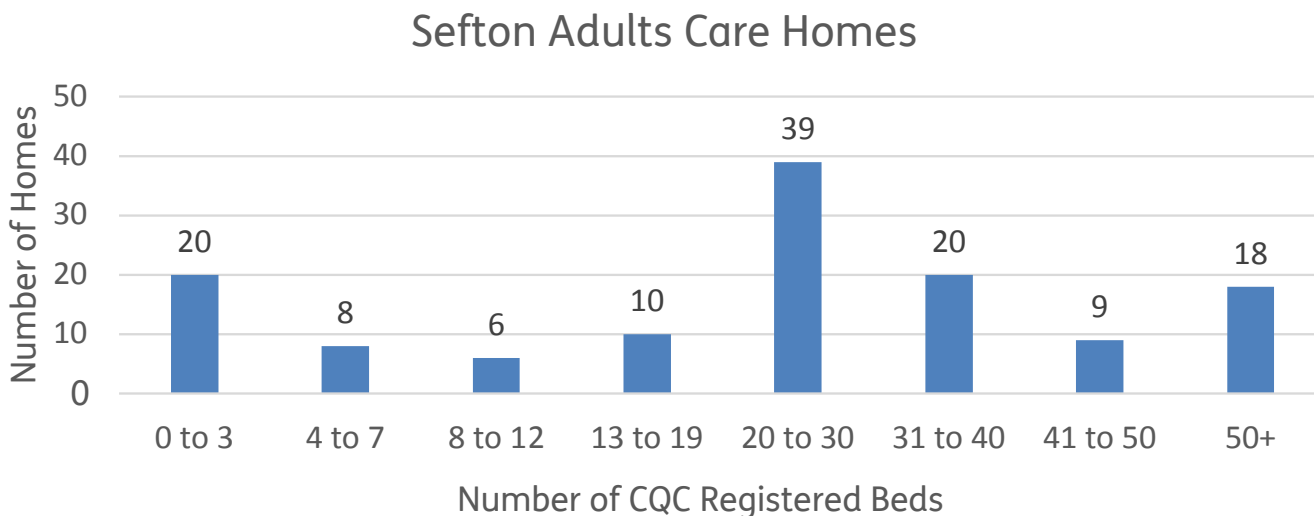
In addition to being registered to provide general nursing care, many homes also offer rehabilitation services; different therapies, including physical, speech and pain therapies; and specialist health care including, dementia care, EMI nursing care, cancer care, services for younger people with physical disabilities (usually aged 18 - 64). These homes are for people who are very frail or for people who are unable to care for themselves, who have numerous health care requirements.

For the purpose of this strategy Nursing homes and Residential homes will be referred to collectively as Care homes

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

6. The Sefton Care Home Market / Current Commissioning Activity & Arrangements

The Sefton Care Home Market

There are 133 Care Homes in Sefton with approximately 3,775 CQC registered beds (as at June 2021). There is a diverse number of services, including a mixture of small, and large homes, with homes consisting of on average 28 beds. The chart below shows the current breakdown of care homes by size;

Sefton Adults Care Homes

Bar chart — Number of Homes (y-axis, 0 to 50) vs Number of CQC Registered Beds (x-axis):
- 0 to 3: 20
- 4 to 7: 8
- 8 to 12: 6
- 13 to 19: 10
- 20 to 30: 39
- 31 to 40: 20
- 41 to 50: 9
- 50+: 18

Sefton has a high number of care homes, when compared to other (such as neighbouring) Local Authority areas and around 43% of care home beds are utilised by the Local Authority and 14% utilised by the Sefton CCGs. The remaining beds are typically utilised by self-funders (occupying around 1,000 of the beds) and placements made by other Local Authorities and other CCGs.

As summarised below, in general Sefton has a high proportion of Care Homes rated good or outstanding by the Care Quality Commission (CQC). This partly reflects the structure of the Care Home market in Sefton which relies on a significant number of small and medium independent providers rather than a single large national provider. Research suggests that in general small to medium homes receive better ratings than larger ones. We hold an ambition to get all our homes to good or outstanding and will work with Health colleagues and providers to develop a joined-up approach to supporting Quality and delivering the best we can to our older population.

Pie chart:
- Outstanding, 3, 2%
- Inadequate, 1, 1%
- Requires Improvement, 14, 11%
- Good, 111, 86%
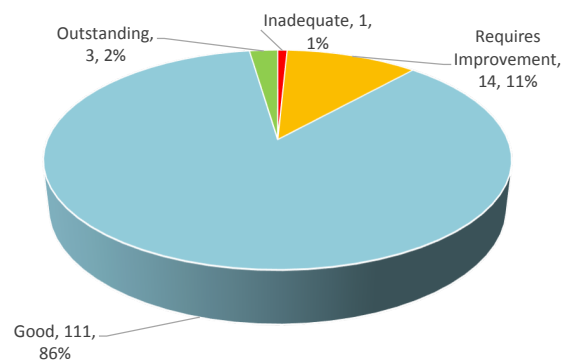
(Source: CQC Active Locations Data, June 2021 – Services inspected under current inspection regime)

(Source: CQC Active Locations Data, March 2021 – Services inspected under current inspection regime)

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

Local Arrangements

The Local Authority footprint of Sefton has two CCG's:

South Sefton CCG

South Sefton Clinical Commissioning Group (SSCCG) is made up of 30 GP practices in the area. Together, their aim is to improve the health and wellbeing of their 156,500 patients by commissioning services better tailored to their needs. The NHS is changing and SSCCG is leading local reforms. From April 2013 SSCCG's became responsible in deciding what health services should be provided for the population of South Sefton.

Southport and Formby CCG

NHS Southport and Formby Clinical Commissioning Group (SFCCG) bring together 19 doctors surgeries covering an area stretching from Ince Blundell in the south to Churchtown in the north. Together, their aim is to improve the health and wellbeing of their 122,000 patients by commissioning services better tailored to their needs. From April 2013, S&FCCG became responsible in deciding what health services should be provided for the population of Southport and Formby.

Primary Care Networks (PCNs)

PCNs will play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities. They will assess localised populations who are at risk of unwarranted health outcomes and, working with local community services, make support available to those who need it most.

This includes making the social prescribing of community services and other activities more widely available and accessible.

In Sefton, the four characteristics of our Primary Care Networks (PCNs) are:

- Provision to a defined registered population of approximately 30 – 50,000
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

There are already seven PCNs across our eight long established GP practice locality footprints, which cover a population of around 30–50,000 people.

Integrated Care Teams

One of the key aligned priorities for Sefton Adult Social Care and the Sefton Provider Alliance is to develop highly effective Integrated Care Teams (ICTs) that serve a population of 30,000-50,000. Teams include social workers, primary care mental health practitioners, medicines management, voluntary sector, community matrons, district nurses, allied health professionals, and integrated care co-ordinators etc.

They will support a joined-up Sefton model of care and support that offers an aligned approach of wrap around support based on need of the individual from an ICT/Care Home and Complex Lives perspective. In addition, the progression of the Integrated Commissioning model will ensure services are designed and delivered to meet need, achieve outcomes and maximise independence. This will include intermediate care offer, falls service, increased telecare, community equipment and adaptations, as referenced later in this strategy.

Sefton Provider Alliance

This includes a number of organisations who are involved in joint community service delivery (GPs, social care and the voluntary sector) and pathway partners (acute trusts, out of hours services and care homes) who are linked to or impacted by community services and the way they are delivered.

The Alliance responds to the strategic commissioning strategy, delivers services as specified and agreed to improve outcomes, embeds population health management, develops and redesigns pathways and Implements integrated care models.

Current Commissioning Arrangements & Processes

Sefton Local Authority typically supports around 520 clients in long-term nursing and 1,040 clients in long-term residential on any one day. Combined Local Authority and Health annual gross expenditure is in the region of £63m (£53m by the Local Authority and £10m by Health) of which, 20% is spent on clients under 65 years of age.

At the time of writing this strategy (August - September 2020) average unit costs vary widely from £390 per week for clients aged 65+ with primarily physical disabilities in a residential home to £930 per week for clients aged 18-64 with primarily learning disabilities in a nursing home.

For **Sefton Council commissioned placements**, when an individual is assessed as requiring care and support, the person must be able to exercise their right to choose between different providers that offer a suitable care package. They should be presented with all the available options, including those beyond the council's geographical boundaries, on the condition that;

- The accommodation meets the person's needs;
- None of the services exceeds the amount specified in the person's personal budget for accommodation of that type;
- The accommodation is available; and
- The provider of the accommodation is willing to offer the service at the rate identified in the person's personal budget and agree to the council's terms and conditions

In exercising a choice, the Local Authority must ensure that the accommodation is suitable to meet a person's assessed needs and identified outcomes established as part of the care and support planning process.

For **CCG commissioned placements**, the Guidance and Regulations define NHS continuing healthcare (CHC) as an ongoing package of health and social care that is arranged and funded solely by the NHS where an individual is found to have a 'primary health need'. This includes accommodation. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. It is paid to people living in any setting to meet their assessed health and personal care needs.

The legislation gives CCGs the discretion to provide services which they consider are necessary to meet the reasonable requirements of the individuals for whom they have responsibility and appropriate for them to provide as part of the health service. Where individuals have needs or wants which do not flow from the primary health need, such as purely social, leisure or education needs, these could fall to the local authority to meet.

CCGs should carry out a needs assessment to determine if the quantity and/or quality of

care needed to manage an individual's needs is beyond the limits of a local authority's responsibilities and thus fulfills the criteria for a primary health need. The question of whether or not someone is eligible for continuing healthcare turns on factors including the nature, intensity, complexity and unpredictability of their needs.

When a patient is deemed fit for discharge from the hospital, but requires long term nursing care, the patient's assessment is sent to the CCGs' Commissioning Support Unit for screening. The application is processed via their ADAM Dynamic Purchasing System. The health needs are available for the care homes to view. Care homes then submit an expression of interest in being able to accommodate and meet the patient needs.

A number of homes may submit an expression of interest at any one time. Where this is the case the patient and their relatives will be advised of the homes that are available. Factors taken into consideration are quality, cost and location. And relative can then visit homes should they so wish to, and then choose their preferred choice.

Key Theme / Objective

As detailed later in this strategy, a key workstream will be commissioners exploring how commissioning, contracts, service specifications and quality and compliance arrangements and processes can be better aligned

Care Home Placement Activity

For **Sefton Council commissioned placements**, recent analysis has shown that;

■ Up until April 2020 on average there were approximately:

- 16 new Long-term Nursing Placement client starts each month
- 39 new Long-term Residential Placement client starts each month
- 43 new Short-term Placement client starts each month

■ In June 2020 to July 2021 on average there were approximately:

- 13 new Long-term Nursing Placement client starts each month
- 39 new Long-term Residential Placement client starts each month
- 49 new Short-term Placement client starts each month

■ Over the last two years numbers of Nursing Placement has gradually fallen in general from 560 in April 2018 to 393 at July 2021.

■ With respect to Out-of-Borough placements, and their Primary Support Reason, recent data shows that there are 157 placements, of which;

- 20 Learning Disability Support
- 35 Mental Health Support
- 71 Physical Support
- 29 Support with Memory and Cognition
- 2 Sensory Support

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

For **CCG commissioned placements**, recent data shows that;

■   Southport & Formby CCG;
  • 321 placements made in 2018/19
  • 426 placements made in 2019/20
■   South Sefton CCG;
  • 400 placements made in 2018/19
  • 426 placements made in 2019/20

Analysis of the level of out-of-borough placements highlights the issue of the need to ensure that the Sefton market can respond to local needs and adapt to changes in dependency levels.

This is especially pertinent when looking at out-of-borough placements for people with complex needs. Sefton does have some homes that can meet the needs of these Residents, however it is sometimes the case that when Residents become more complex / have increased needs, they have to move to other care homes, such as those outside of Sefton.

We therefore want to reduce this occurring and support care homes to better manage increased needs. Placements made outside of Sefton also raise concerns with respect to how Commissioners can monitor the quality of care being provided and of contract monitoring of the placements.

Impact of the COVID-19 Pandemic

In addition to the above, we also need to assess the impact of the COVID-19 pandemic on placement activity of not just ourselves as Commissioners but also by other sources into the Sefton market, such as placements by self-funders.

To this end, a key workstream is to look at these issues, and is outlined in section 10 of this strategy.

Key Theme / Objective

Working with the Sefton care home sector to reduce the requirement for out-of-borough placements (particularly for complex Residents) and working to ensure that care homes can adapt to increases in need

7. Local and National Context

The Demographics of Sefton

Sefton has a population of approximately 274,600 (0.5% of the English population).

In summary;

- 52% of the Borough are female and 48% are male (slightly different to the 51% - 49% split seen across England).

- 23.1% of Sefton's population is 65 years old or over (63,300), with approximately one in five being aged under 18 (53,514).

- Sefton is ranked 18th out of 326 local authorities for the number of residents aged 65 or over.

Sefton faces significant challenges over the coming years because of the structure of its population. We have a much higher than average proportion of older people and we expect over the next few years to have increasing numbers of;

- People living alone with an increasing risk of social isolation, loneliness and depression.

- People with dementia.

- People with multiple and complex long-term needs.

- Unpaid carers, many of whom will be older people with their own care needs.

National Context

One in seven people aged 85 or over permanently live in a care home. People residing in care homes account for 185,000 emergency admissions each year and 1.46 million emergency bed days, with 35-40% of emergency admissions potentially avoidable.

Evidence suggests that many people living in care homes are not having their needs assessed and addressed as well as they could be, often resulting in unnecessary, unplanned and avoidable admissions to hospital and sub-optimal medication regimes.

Current / Future Needs and Aspirations

Older Peoples Mental Health

Given Sefton's high proportion of older people, and an aging population dynamic, it is unsurprising that there is and is likely to remain a need for nursing and complex support around memory and cognition (dementia).

Estimates are that 80% of Care Home Residents have Dementia or a memory related condition.

These needs can be divided into 2 elements:

- Functional mental health needs such as depression and anxiety disorders
- Organic mental health needs such as dementia and Parkinson's disease.

Many care home residents, like the elderly population in general may have more than one condition often increasing significantly the complexity of care. Delirium is also a frequent presentation with residents often becoming confused or more confused and unwell as a result of physical health problems. This high prevalence of mental health issues in the care home population requires a specific and coordinated response.

One in six people aged 85 or over are living permanently in a care home yet data suggest that had more active health and health and rehabilitation support been available some people discharged from hospital from could have avoided permanent admission. Similarly,

the Care Quality Commission and the British Geriatrics Society have shown that many people with dementia living in care homes are not getting their health needs regularly assessed and met. One consequence is avoidable admissions to hospital.

Older people and particularly older people living in care homes are disproportionately affected by COVID-19. There are more than 400,000 people living in care homes in the UK, more than 70% of which are living with some form of dementia. Many of these people also have other underlying health conditions (Alzheimer's Society, 2020).

The COVID-19 pandemic has required a change in practice in care homes which may be increasing the confusion and distress being experienced by residents. Most care homes have had to prohibit or severely restrict visiting and it is likely people living in care homes will be amongst the last group where restrictions will be lifted; isolating within a care home environment is challenging both physically and mentally; PPE whilst essential for safety can be disorientating particularly for residents living with dementia and residents are experiencing the death of their peers whilst fearing for their own and their families safety.

Particularly in residents living with dementia, where communication is harder, the factors listed above are likely to lead to increases in behaviours that challenge. If there is not psychologically informed support for these behaviours then the only alternative will be medicating residents to decrease distress which increases the risks of mobility issues, cerebral vascular problems and death. Simple and clear psychological strategies can be applied in care homes to support staff in understanding and responding to residents needs thereby reducing the frequency of distressed behaviours (Duffy, 2019). These strategies can include consultation to understand behaviour as well as activities to proactively promote wellbeing.

Mental Health

The Joint Strategic Needs Assessment outlines that Mental Health needs are increasing in Sefton.   10% of our population have diagnosed depression and 1.2% have a Severe Mental Illness. We have an excess rate of under 75 mortalities in our Adults with serious Mental Illness. We have a lower than national average rate of people with a Mental Health Condition in paid employment (at 2.5%).

Nationally the demand for social care related support is increasing and we see the demand outstrips supply, this may be due to factors such as;

- Better awareness and diagnostic practices amongst professionals.
- Increased opportunities for joint working and the integration of operational teams across health and social care.
- Increased access to NHS Mental Health services, subsequently resulting in higher referrals to social care.

Evidence shows that people with severe mental illnesses die between 15-20 years earlier than the average. Causes of premature death are mainly from chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory disease. All associated with external risk factors such as obesity, smoking and high blood pressure, and also the side effects of psychiatric medication.

The COVID-19 Pandemic will also impact on prevalence of Mental Health conditions, with the *Direct and indirect impacts of COVID-19 on health and wellbeing Rapid evidence review – July 2020* report produced by the Public Health Institute at Liverpool John Moores University highlighting that the measures taken to control the spread of coronavirus (including the social distancing and lockdown measures, school closures and the

cancellation or delay of routine healthcare) have had wide ranging impacts on a number of the wider determinants of health.

Whilst we have the overall aim of further developing models of service relating to supporting Residents through a 'housing with care' offer, such as independent housing or shared accommodation, we recognise that Residential and nursing care will still be required for those with the highest care needs and where independent living is not possible.

These forms of care will need to meet specialised Mental Health needs, particularly with respect to conditions such as Korsakoff's and early on-set Dementia.

Learning Disabilities / Autism

According to national population estimates the total population in Sefton aged 18-64 predicted to have a learning disability will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of Learning Disability Residents aged above 55 as well as younger people in transition and by 2025 we will see 350 extra people aged 18-64 with a Learning Disability or Mental health Concern. An identified issue is in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

In Sefton we are looking to reduce the numbers of people under the age of 65 in long-term residential care provision and look to provide alternative, appropriate support for those who

need this level of care, locally in the Borough. We are also looking to develop an enhanced short-break service for clients with complex Learning Disabilities / Autism to provide better care respite and allow carers to maintain their caring role and reduce the number of admissions to residential services going forward. For those complex Residents with Autism we will endeavour to have bespoke care home services with appropriate sensory surrounding and higher skilled staff teams to meet their needs and improve outcomes.

End of Life

Every year approximately half a million people die in England. 75% of these deaths are felt to be 'expected' and therefore with appropriate identification, conversations and planning there is an opportunity to maximise the care afforded to most of our patients as they approach the end of their lives.

When surveyed on where they would prefer to die, 65% of people state they would prefer to die where they usually live. We know that in South Sefton 2018 54% of deaths occurred in hospital in 2018.

The number of expected deaths is expected to increase by 3% per annum by 2030 as people live longer with more long-term conditions.

For Sefton, this translates to an additional 250 deaths per annum by 2030 **in each** of the Southport & Formby and South Sefton areas.

A key objective is for every individual and their family to retain their personal dignity, autonomy and choice throughout the years and months towards the end of their life, regardless of gender, ethnicity, race, religion, disability, sensory impairment, sexual orientation, diagnosis, or status.

We have been working on an End of Life Strategy, however recently it has been announced that there will be fundamental changes to the national focus on End of Life care with a

requirement to include children and young people in all palliative and End of Life care planning. In addition, there will also be a national long-term strategy for palliative and End of Life Care. This is due to be published in September 2021. There will be 6 national work streams which Sefton will need to engage and align to and this will supersede any local strategy, however a key priority will be to localise any national document to the needs of Sefton's population.

Falls

Falls are multifactorial and a major cause of morbidity and mortality among those aged 65 years and over in the UK. Falls and fall related injuries are a major challenge to health and care systems and to the older people who suffer them.

Key national statistics are;

- The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.

- Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.

- In around 5% of cases a fall leads to fracture and hospitalisation.

- As the majority - around two thirds - of people aged >65 suffer from two or more long term conditions (multimorbidity), falls and fractures should not be viewed in isolation, but as particular events and injuries which have an adverse effect on an older person's overall health and wellbeing.

In Sefton, the issue of falls becomes even more prevalent as the over-65s share of the population is more than 25% higher than the national average and is anticipated to grow by almost a half by 2037, when the over-65s will account for 1 in 3 residents, with a consequential effect on the level of hospital admissions.

South Sefton and Southport and Formby CCGs both have a higher incidence of injuries from falls in this section of the population than either their peers or the national average. South Sefton has a higher incidence of falls than all of its comparator group of CCGs, with a third higher hospital admissions, and Southport and Formby rank 8th amongst its group of 11 and has 14% higher Hospital admissions.

All of this will have an impact on the Sefton Care home market. With an increasing ageing population and increasing number of people entering long term care, AED attendances / NEL hospital admissions / NWAS calls and Conveyances for falls and fragility fractures will continue to increase from care homes which will impact across both health and social care. Hospital admissions for falls, AED attendances and ambulance calls and conveyances will continue to rise. Increase in falls which could be reduced through meds reviews and physiotherapy assessments. Opportunities for recognising and documenting falls and falls interventions may be missed, there will be a failure to optimise residents' quality of life, there will be decreased confidence and mobility amongst residents as well as a lack of empowerment and lack of connectedness to other services. Residents will remain unable to maintain and maximise their independence. Care will continue to be reactive rather than proactive.

We will also be members of the Cheshire & Merseyside Falls Collaborative which seeks to ensure an integrated end to end falls pathway across Primary, Community, Secondary and Voluntary services utilising an evidence-based approach to managing falls.

Key Theme / Objective

Implement applicable elements of the Sefton Falls Strategy and Cheshire & Merseyside Falls Collaborative work, in care homes

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

Linkage to Local & National Strategies and Plans

This Care Home Strategy will therefore seek to support and deliver on the above. However, it is important to highlight that it will not be delivered in isolation. This strategy will inform, be informed by, and influence other strategies and plans of which the care home sector will play a vital role in.

In summary, the following diagram outlines some of the key associated strategies;

Circular diagram with "Sefton Care Home Strategy" at the centre, surrounded by: Health & Wellbeing Strategy, Older People's Strategy, End of Life National Strategiy, NHS Long-Term Plan, Mental Health Strategy, White Paper, Dementia Strategy, Sefton Market Position Statement, Intermediate Care strategy, Assistive Technology & Equipment Strategies, Independence at Home, Falls Strategy, Carers Strategy.

These linkages have contributed to the development of this Strategy, which in turn will also support the aims and objectives outlined in these other strategies.

The **Sefton Adult Social Care Vision** includes the achievement of the following three key aims;

Help people to help themselves: We work alongside people to help them to keep well and do as much as possible for themselves, for as long as possible;

Help people when they need it: Working with people in a timely way when they are in need of some intensive support for a short period OR providing people with some low-level support, such as equipment or assistive technology to prevent or reduce the need for ongoing support;

Help people live their lives: For those people who have needs that require longer term care and support we will ensure that services are focussed on what is important to them and on restoring, enhancing or maintaining their independence;

The vision also highlights that another key area is to work with Health partners to have a shared understanding of demand and supply, and to commission services where this makes sense, based on need and best practice and in the most effective way to meet outcomes.

These three aims, together with the above have therefore informed the development of this and other associated strategies and will be factored into work that takes place with the care home sector.

The **NHS Long-Term Plan** makes a commitment to guaranteed NHS support to people living in care homes and includes a commitment as part of the Ageing Well Programme to roll-out Enhanced Health in Care Homes across England by 2024, starting in 2020.

The Long-Term Plan states:

'We will upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH model rolled out across the whole country over the coming decade as staffing and funding grows. This will ensure stronger links between primary care networks and their local care homes, with all care homes supported by a consistent team of healthcare professionals, including named general practice support. As part of this, we will ensure that individuals are supported to have good oral health, stay well hydrated and

well-nourished and that they are supported by therapists and other professionals in rehabilitating when they have been unwell. Care home residents will get regular clinical pharmacist-led medicine reviews where needed. Primary care networks will also work with emergency services to provide emergency support, including where advice or support is needed out of hours. We will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHS mail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients.'

(The NHS Long Term Plan)

A key deliverable of the aims an objective is therefore to implement EHCH in Sefton, as outlined later in this strategy.

The White Paper **"Integration and Innovation: working together to improve health and social care for all"** outlines the Government's legislative proposals for a Health and Care Bill, with many of the proposals within it building on the NHS recommendations in the Long Term Plan.

The paper highlights that a central theme in the NHS Long Term Plan is the importance of joint working between Health and Local Government in order to reflect that neither party can address all the challenges facing the whole population on their own and that the ambitions (which are also outlined in this care home strategy) of supporting people to live more independent lives will require joint and cohesive efforts.

In summary, the White Paper outlines the aims of;

- Promoting integration of Health and Care System focused on health of the population not patients,
- Seeking to ensure that Health and Care operate seamlessly without artificial silos. Integrated Care Systems (ICS) will be

funded to support Health outcomes in their area, held to account by CQC,

■ Implementing integrated decision making at a local level by the NHS and Local Authority, removing bureaucracy, encouraging innovation and technology and is built on collaboration and strategic decisions; and

■ Reducing inequalities, support people to live longer healthier and more independent lives through closer working at Place and system level, a data strategy for Health and Social Care and stronger financial arrangements.

As Commissioners we will need to work together to prepare for the legislative proposals outlined in the White Paper being implemented in 2022 and ensure that this strategy (which already heralds a commitment in Sefton to further integrated working) adapts to any new legislation and specific requirements around integration.

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

8. Future Commissioning Intentions / Proposed Care Home Market of the Future

The intention in Sefton is to see less people being placed in care homes. At present we support and admit many more clients in Care Homes for all ages than the national average, suggesting a structural issue with over provision or insufficient levels of preventative or diversionary activity and a lack or underuse of alternatives.

We will therefore further develop community-based services to support people to remain living independently at home for as long as possible supplem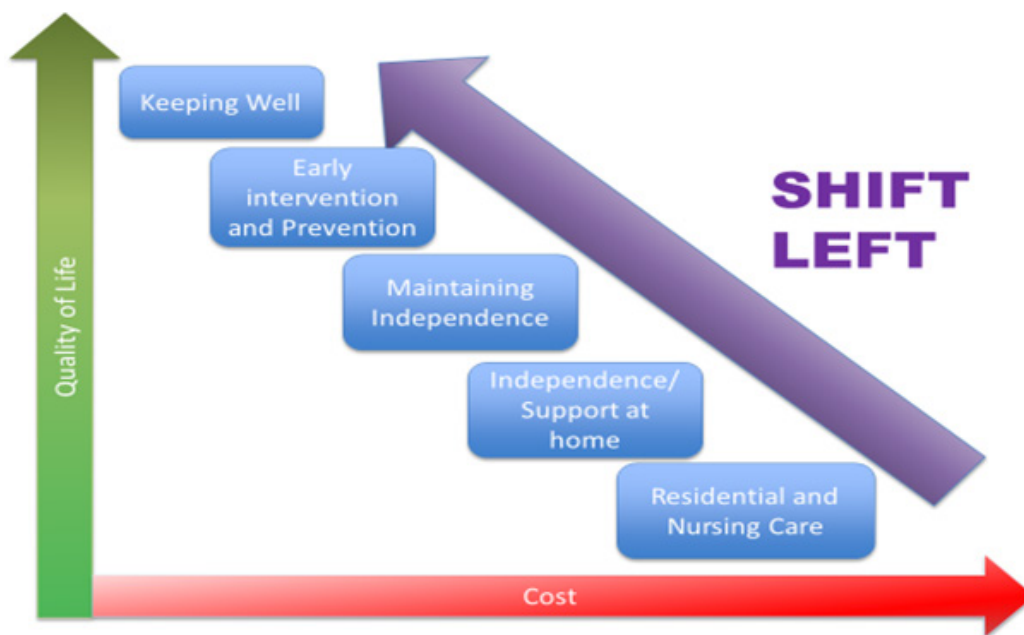ented by responsive Social Care, Primary and Community Care services that are supported by Secondary Care and Intermediate Health Care Services.

> ## Key Theme / Objective
>
> Manage demand and shift the balance of services

This is summarised in the following diagram;

Managing Demand – Shifting the Balance

> ## Key Theme / Objective
>
> Ongoing Commitment to the Care Home Sector

This will reduce the reliance on Care Homes, in that this option is not seen as the first port of call when a person starts to deteriorate, has a hospital admission or a significant life change.

People in Sefton will be able to remain living in their own homes for as long as possible and will

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

only be admitted to a Care Home when all other community options have been exhausted.

In addition, the under-utilisation of community-based services which aim to maintain people's independence is also highlighted when looking at the 'performance' of Sefton against the following Hospital Discharge pathways;
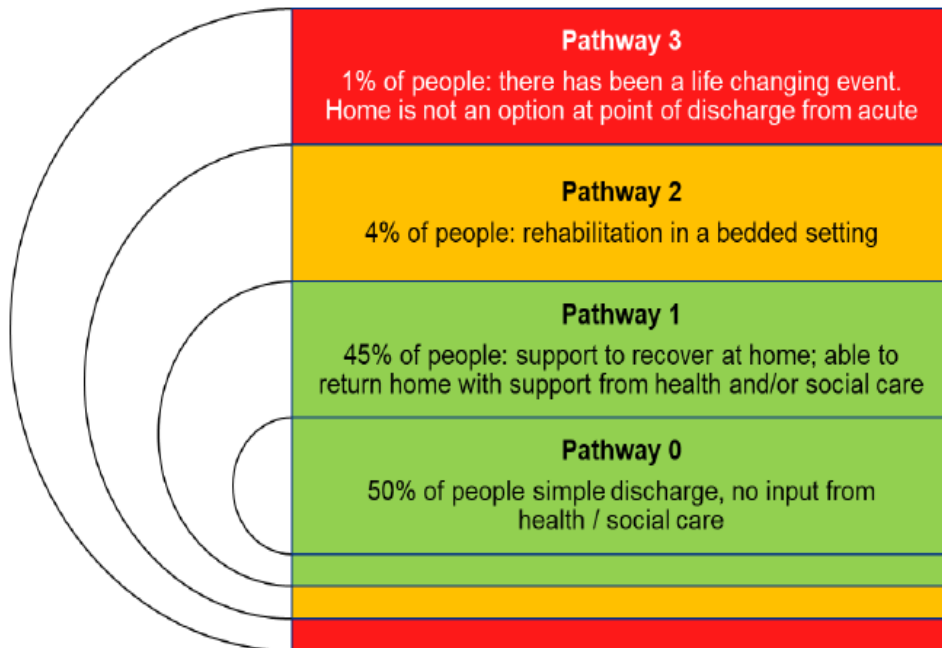

Figure 1: Discharge to Assess model

(Source: NHS COVID-19 Hospital Discharge Service Requirements, 2020)

We need to work on ensuring that the current numbers of people going into Pathways 3 and 2 are reduced and the number of people going into Pathway 1 is increased.

The implementation of **Sefton's Intermediate Care Strategy** will see the development of a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

We will develop **Home Based Intermediate Care** which are community-based services that provide assessment and interventions for people in their own home or a care home setting,

whether that is an older person or someone with a learning difficulty or other assessed needs. The aim is to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. Care will be provided through a multidisciplinary health and social care approach with agreed goals and support tailored to individual need.

We will seek to expand the provision of the **Reablement** service. Fundamental to the objective of this service is the principle of helping people to support them rather than 'doing it for them' or 'doing it to them'. Evidence shows that timely bursts of Reablement, focusing on skills for daily living in people's own homes, can

enable people to live more independently and, in most cases, appropriately reduce their need for ongoing longer-term services. We want to ensure that such services become the default pathway for people, thereby ensuring that when people do receive services, in the first instance they are supported to regain their independence as much as possible.

We will also develop **Bed Based Intermediate Care** in order to help people avoid hospital or get home sooner, recover from illness, and plan their future care.

In addition, we will also work on the development of **Extra Care Housing** across the borough as an alternative housing option. Extra care housing is recognised nationally as a welcome choice for older people since it offers suitable accommodation, with flexible care and support available when needed, and a sense of community to reduce the risk of social isolation.   It combines accommodation with care and support services. There are many different types and sizes of extra care housing, from small communities of flats and bungalows to large retirement villages. The facilities and care provided will vary, but extra care housing

schemes usually include:

- Self-contained adapted flats or bungalows
- On-site care and support staff, providing personal care and domestic services
- Assistive Technology throughout the scheme, with 24-hour help available
- Communal facilities and services, such as a lounge, food offer and communal garden's

It is intended to enable and support older and vulnerable people to live independently for as long as possible, but with the reassurance that care and support services are available should they need them, either now or in the future.

We want to ensure we have enough provision that can support the residents of Sefton. Our goal is to deliver 1,306 extra care units by 2035 and this will then have significant impacts on our reliance on other services.

We also wish to expand the use of **Technology Enabled Care** (Telecare and Telehealth) as well as **Community Equipment** services, again, in order to support people to maintain their independence and remain at home as long as possible – as detailed later in this strategy.

9. Support to Care Homes and their Residents

However, the aims outlined in Section 4 of this strategy do not mean that we are seeking to reduce the pivotal role that care homes play in supporting the most vulnerable people in Sefton.

Key Theme / Objective

Ongoing Commitment to the Care Home Sector

In recognition of the continued important role that the care home sector will have in supporting the boroughs most vulnerable people, both now and in the future, a major element of this strategy is how we can support care homes. We are committed to supporting and developing the sector (as further outlined later in this strategy) and will work to ensure that;

- There will be a spread of Care Homes throughout the Borough to promote choice;

- There will be a range of Care Homes that can accommodate and care for people with a range of conditions such as dementia, neurological and degenerative conditions;

- People with a high level of need and complex conditions will be cared for and remain living in the Borough – thus reducing the need for the current level of out-of-borough placements;

- Care homes will be able to support people with complex needs through training and the implementation of mechanisms to support Residents to better manage their behaviours;

- There will be more homes that have dual residential and nursing registration to avoid people having to move if their needs increase; and

- Care homes are better able to adapt to changes in need, thus reducing the requirement for people to move out of their original care home placement when their needs increase. This will include care home staff being sufficiently trained to support residents who need more support in areas such as Moving & Handling, with care homes also accessing equipment and adaptations to help deliver this aim.

A key deliverable on meeting the objectives outlined in this strategy is the ongoing implementation of **Sefton2gether.** This is Sefton's response to the NHS Long-Term Plan and encourages a partnership approach between the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It represents a further commitment to Health and Social Care working closely wherever possible to link up where ambitions align, and work will be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

Having assessed the requirements of the NHS Long Term Plan, alongside other evidence around the health and care needs of the people of Sefton, such as the Joint Strategic Needs Assessment, and the feedback and evidence gathered throughout the engagement and development of the Sefton2gether plan, a priority is working to support the provision of care homes for the benefit of residents who live in them.

Key Theme / Objective

Implementation of Enhanced Health in Care Homes (EHCH)

To achieve this, a key element of this is the local implementation of **Enhanced Health in Care Homes** (EHCH) by the Primary Care Networks. In summary, EHCH reflects an ambition for the NHS to strengthen its support for the people who live and work in and around care homes.

To implement this locally, the following five elements will be developed;

Enhanced Primary Care Support - Access to a consistent named GP and wider primary care services, establishing the offer for care home residents by working with the identified GP Primary Care Networks to support delivery of NHSE GP contract and Primary Care Network specifications as part of the Integrated Care Team offer.

Multi-disciplinary Team (MDT) Support - Including Coordinated Health and Social Care - to establish dedicated CHAMP Teams to provide clinical leadership for personalised care and case management collaboratively with primary care and the care home staff.   This will include;

■ **Care Home Matron role** – further development of this role to provide accountability using a person-centred structured approach delivering responsive and proactive care. This will improve patient outcomes, quality of care, partnership working and will lead to a more effective use of resources.

■ **Medicines Management** - The pharmacy technician roles focus on medicines safety and governance and review of care home medicines systems. The medicines safety audits completed are based on the key lines of investigation used within CQC inspections and provide clear insight of where care homes may be able to improve medicines standards to reduce medicines errors. Training on medicines reconciliation and medicines governance is delivered to care homes on an individual basis and adapted based on audit outcomes or reported incidents to ensure learning is consistent with training needs. The pharmacist's primary role centres on complex medication optimisation either during the MDT or outside of the MDT.

■ **Mental Health In-Reach Team** – who would take referrals and triage them based on low, medium and high intensity needs and then offer the care home a number of session with a team member to assess, formulate and develop a person-centred intervention plan and strategies to meet the underlying needs of the resident whilst training the care home staff and developing capacity within the care homes. This would enable the development of individualised person-centred plans for people with dementia experiencing distressed behaviours which the care home then implement with support from the team. The team would be locality based – North, South and Central and would be multidisciplinary consisting of nursing, psychology and Occupational therapy with oversight from consultant psychiatrist and may include nurse prescribers.

Workforce Development - The Care Home Matron will also provide and enable training and education with Care Home staff, providing an opportunity to empower the care home workforce by enhancing their knowledge and skills in order that they can support their care home residents and potentially lower the number of hospital admissions and avoidable harms.

High quality End of Life and Dementia Care - this will be delivered through the local implementation of the impending national strategy and the joined-up approach of this integrated care model, bringing together physical

and mental health provision, and working collaboratively with other providers including the voluntary sector, hospices, and acute services.

Data, I.T. and Technology - To implement a digital offer, including shared information systems, telemedicine/ virtual triage and assistive technology to support timely, high quality clinical care.

Elements of the above aims are reflected in the following sections of this strategy.

Infection, Prevention & Control / Community Health Provider Offer

The COVID-19 Pandemic has highlighted the vital role that the local Community Infection Prevention & Control Team (delivered by a Community Provider) has in supporting care homes.

The team operate Monday-Friday 9-5 with wrap around out-hours support delivered by the local Public Health England Health Protection Team on-call over the weekend. The Team provide remote and on-site support and advice on a priority triaged basis. They support the reporting and oversight of outbreaks in Sefton and provide direct support to those experiencing an outbreak. This offer has been supplemented through support to care homes delivered by Sefton Council Environmental Health Officers, who work with the Community Infection Prevention & Control Team, supporting care homes with single suspected COVID-19 cases and outbreaks.

In addition to the funds allocated for to support the local COVID-19 community outbreak response, there is a planned permanent increase in the Community Infection Prevention and Control Service, that will include a focus on the management and prevention of COVID-19

outbreaks in care home settings.

In order to deliver on surge capacity mutual aid has been provided both within the community provider trust and from the Local Authority through Environmental Health

Public Health has provided assurance to our community provider that it will underwrite the required surge capacity to support IPC across care homes during the pandemic, however Public Health and Adult Social Care have also committed to work together to build on the existing Infection Prevention Control service to expand to include dedicated care home elements.

In addition to exploring future sources of surge capacity support the Sefton Outbreak Plan will also include plans for utilising additional funding to develop the local offer for health protection, supporting contact tracing and outbreak response in complex and high-risk settings such as care homes, including consequence management.

Key Theme / Objective

Further Development of Community Infection, Prevention & Control Team

Training, Education & Support

Linked to EHCH, it is crucial that front line staff in care homes receive readily accessible support and training and that they have key relationships with other providers in primary, community and secondary care.

We recognise that it is essential to support Care homes to enable them to care for their residents in their home and prevent unnecessary

attendances and admissions to a hospital setting.

We have recently developed a multidisciplinary training offer that gives access to Care Homes to support and training resources from NHS Providers, the Council, SCIE, the Hospice sector and other national and local resources. We will continue to work with Care Homes to ensure an integrated offer is built on to support Care Homes to deliver the best quality care.

We will firstly map all training opportunities available to care homes in order to then explore the development of a co-ordinated offer of training for the EHCH model for care homes.

We will also explore and build on the concept developed during the COVID-19 Pandemic of buddy homes or establishing teaching Homes to help us spread the significant pockets of outstanding or good homes we have in Sefton.

We will also need to ensure that care home staff are sufficiently trained on issues such as Mental Capacity and the implementation of the **Liberty Protection Safeguards** and associated issues such as consultation with care homes and with those interested in the person's welfare.

We also wish to continue with support to care home staff with respect to them dealing with the impact of the COVID-19 Pandemic. We recognise that the pandemic has had a significant impact on health and wellbeing of care home staff, and we have implemented support mechanisms such as the QWELL online counselling service, but we need to assess the impacts more and engage with care home staff on this issue to identify what further mechanisms they feel can help them to deal with any more longer-term effects that the pandemic has, or may be beginning to have on them. This work will be a key element of our ongoing response to the pandemic and assessing the impacts that it has had.

As part of the above commitments, we will firstly implement **My Home Life**. This is a Leadership Support Programme for Care Home Managers / Leaders with a focus on real issues with the intention of achieving improvement and transformation in their care service. It recognises that individuals learn best when they learn with and from each other, by working on real issues and reflecting on their own experiences.

The content of the programme will reflect what has happened and is happening in response to COVID-19 and part of the programme will focus on working together with the wider system to learn together and plan for the future.

The initial programme will support Providers to achieve the following;

- Improved confidence and resilience, both personally and professionally.
- Improved engagement and involvement for people who live and work in the home and those connected with it.
- Improved leadership and responsiveness to change.
- Improved practice including consideration of equality, diversity, inclusion and human rights.
- Reflection and connection back to regulation requirements, quality improvement and local systems and relationships.

Following the initial phases of My Home Life we will also then explore the implementation of a further phase which would support care homes and wider groups to;

- Widen networks and open opportunities using our tools and resources including links to our own dedicated network.
- Reflect on the difference between a 'closed' and 'open' care home culture.

- Better understand what living and working in a care home is like and the contribution they bring.

- Create connections now and into the future as communities adapt to the impact of the pandemic.

- Participate in ongoing research which continues to develop evidence that community connections improve the quality of life for all involved.

- Develop care home community champions in local areas.

We will also seek to ensure that care homes adopt the **Queen's Nursing Institute** "Standards of Education and Practice for Nurses New to Care Home Nursing (2021)." This outlines specific education and practice standards required for a Registered Nurse new to working in the care home sector to enable them to work safely and effectively and we will factor these, and other standards into any new contract and service specification developed (as referenced in section 11) in order to better reflect the specialist roles required within care homes and that such roles encompass not only adherence to professional standards, but also a requirement to have additional skills such as that of leadership, management, facilitation and relationship building.

Key Theme / Objective

Further Development of Training 'offer' to Care Homes

Workforce Related Issues

The Care Home workforce is of vital importance. They will provide an invaluable contribution to meeting the aims and objectives outlined in this strategy as well as them continuing to deliver care and support to care home residents.

Workforce Development is a key enabler to ensure that Sefton achieves its vision for the Care Home sector by ensuring:

- The effective supply, recruitment and retention of our current and future workforce;

- A strong, confident and skilled workforce fit for the future:

- A vibrant and responsive health and social care sector able to meet the changing expectations of people using health and social care support

We want to work in partnership with providers as effective workforce planning can facilitate the development of new roles, support the recruitment of staff with the right values and attitudes, and ensure those people have the skills and knowledge to deliver high quality services.

Skills for Care estimates that Sefton had 9,900 jobs in adult social care in 2017 with Social Care employment accounting for around 18% of total employment in the Liverpool City Region.

In summary, in Sefton;

- About 8.1% of jobs remain unfilled, i.e. approximately 800 roles are open at any time (this compares to 7.8% nationally)

- We have 130 CQC regulated care home services

- The social care Workforce is ageing, with 28% aged over 55

- 81% of the social care workforce is female with an average age of 44.1 years, 93% have a British nationality, with 5% from the EU and 2% with non-EU nationalities.

- Only 54% of the adult social care workforce in Sefton holds a relevant qualification

- There are too many unfilled jobs meaning Sefton can pay more for care.

- There is excessive use of Agency staff,

which results in higher costs for Providers and sometimes increased safeguarding and quality issues

- The DWP continue to report social care vacancies as "hard to fill" despite continuous marketing. Sefton@work also report little interest from workless residents seeking jobs in this sector.

- There are a greater number of people leaving the industry than joining

- High Turnover rates persist, with employers experiencing loss of qualified staff as "churn" to other areas of health/social care or to other sectors of employment.

- Pay, conditions, lack of investment in staff are cited among the reasons for poor retention in the workforce and can affect the quality of care. Sefton has an ageing workforce.

- Whilst turnover of staff is high, in Sefton we have a core of experienced workers, with an average rate of experience of 9 years. 73% of workers in the sector have been retained for more than 3 years but the workforce profile is ageing and to few younger workers are entering the sector.

- The over-reliance on EU workers may be an issue post-Brexit. Although this is considered low risk in relative terms, and along with arrangements for right to remain for Care Workers.

In addition, Sefton experiences the same following issues as other areas;

- Increased demands for care from an ageing population

- Welfare reform – the effect of Universal Credit and other changes have impacted on working patterns in this sector and beyond and have placed new obligations on people seeking work

- Perceptions from jobseekers continue

about the sector being low skilled with low prestige and poor prospects for advancement. This affect application rates of potential new entrants, especially among graduates.

- Employer behaviours with respect to terms & conditions, pay, hours, etc contribute to the negative perceptions

- Ongoing financial constraints have required difficult choices to be made by commissioners, constraining growth for service delivery rates

In order to address this, we will firstly conduct a scoping exercise to map the current workforce and level/type of vacancies.

We will also work across the organisation and with stakeholders to shift perceptions about what working in this sector is really like, highlight great employment practice and promote better understanding of how much difference good care can make, making the sector more attractive to more people. We work closely with Skills for Care and actively encourage dialogue with the sector on how we work together with the sector to address these local and national challenges.

For example, through the *"Everyday is different campaign"* which will link local case studies and vacancies to this national campaign. promotion activities with employers to encourage applications, particularly among those supplies working for the Council, negotiation with employers on terms and conditions and Recruitment support programme for SMEs or utilising Social value aspects of Care Commissioning.

In terms of addressing the ageing population challenge work will be done to promote work placements to students on social care programme through employer engagement, visits, summertime working etc.

We will engage with our Colleges and learning providers to make social care a sector of choice for more of our younger residents, promoting work experience, work trials and other initiatives with our commissioned suppliers.

As Commissioners we will ensure that we optimise the benefits of social value requiring employers to work proactively with Sefton@work on improving terms and conditions and Invest Sefton on local supply chain benefit. Including consideration of the adoption of the Unison Ethical Care Charter.

We will seek to work with our workless residents to ensure they have greater information about the sector, and they have access to bespoke second chance learning to help them enter or re-enter the sector. For example, through Intelligence sharing with DWP on unfilled vacancy rates and Retention and productivity support for care employers

In summary, we want to see;

■ More local residents will access better quality employment in the Borough.

■ An increased availability of staff able to enter the sector in Sefton.

■ A more reliable delivery of care packages commissioned by Sefton Council and greater confidence in control of costs.

■ A more systematic involvement of commissioners with Sefton@Work on generating social value employment impacts and wider use of Employment related KPIs across other service areas.

Key Theme / Objective

Implementation of Workforce Strategy to improve retention and promote the role of the carer

Technology & Support Tools in Care Homes

Now more than ever we recognise the importance of technology and how it can support the care home workforce, aid the timely exchange of information, reduce the need for paper-based systems, ensure availability of real-time information and support interaction between people who can no longer rely on face-to-face contact. Practical support tools are also of great benefit in supporting day-to-day service delivery and wider objectives such as personalised care planning and the timely identification of any issues with Residents health conditions.

As part of a commitment to enhance service delivery arrangements in care homes we have already issued all Care Homes with Accurex technology to support virtual GP Appointments, and equipment and training to take vital observations to support this process. We will look to build on and expand this offer.

We have issued care homes with phones and supported the national roll-out of free Ipads in order to provide further support and to ensure that technology can be used to ensure that alternative arrangements are in place for visits to care homes from relatives, friends and advocates.

All Care Homes are now signed up to the national NHS Capacity Tracker and reporting functionality will support our oversight of quality and delivery of the market.

We continue to support the roll out of NHS.net mail to all homes to support the safe sharing of care records and information.

We have established a **Digital Task & Finish Group** to advise and assist in the development of Digital Assistive Technology to ensure that it meets the present and future needs of

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

NHS

Sefton Council

Residents, operational delivery staff, therapists and clinicians and it will support Sefton Council's overarching Digital Strategy. Care homes will therefore be an important element of this work and Commissioners will be members of this group in order to identify future opportunities.

However, all of the above is only the start and we know that the implementation of more technological solutions can further support care homes, as well as Commissioners, to improve service delivery information and meet wider objectives.

Work is being progressed on the following initiatives

EMIS - We will pilot the use of EMIS in Care Homes as part of the work to further implement EHCH in Sefton and will explore and develop a sustainable long-term model to roll this out to support dynamic care planning, end of life and discharge processes. There are currently no I.T. infrastructures in any of the Care Homes across Sefton that allows systems to be interoperable with community service and Hospital Trusts and EMIS provides a solution to this. During the COVID-19 response it was clear that the residents of Care Homes need to have equality of access to the wider system of Care and Health that electronic links, that support dynamic Care Planning and the roll out of the impending national End of Life Strategy, Care Home Strategy and Intermediate Care Strategy. The outcomes of this pilot will be used to identify scope for wider roll-out to all care homes and if proven to provide quality, safety and value for money the scheme will be provided to all homes across Sefton. Other systems will be considered with input from care homes to ascertain what systems will work best in as a whole system approach.

Falls Application Technology – in order to support delivery of the Sefton Falls Strategy, we will seek to explore the implementation of a digital tool / app to assist with the management of risk and the occurrence of falls. this will be issued to care homes (potentially initially on a pilot basis to a small number of homes to assess its impacts). It is a secure, digital falls prevention web-based tool which helps manage the risk and occurrence of falls. It offers the following benefits;

Provides a full multifactorial risk assessment - enabling early identification of risks

Gives care homes a real-time dashboard - to understand at a glance what is happening across your care home, helping to identify trends and drive continuous improvement.

Creates a personalised action plan (from 50+ proven interventions) to reduce those risks

Tracks actions and interventions to prevent falls

Collects evidence of falls when they do occur - to drive continuous improvement

Creates a digital audit trail to satisfy regulatory inspection requirements (Health & Social Care Act 2008)

RESTORE2 & NEWS2 – this is a physical deterioration and escalation tool specifically designed for care/nursing homes based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD). This will help improve communication between care homes and their serving GP practices to help reduce admissions where inappropriate. It has been designed to help care and nursing professionals to:

Recognise when a resident may be deteriorating or at risk of physical deterioration

Act appropriately according to the resident's care

plan to protect and manage the resident

Obtain a complete set of physical observations to inform escalation and conversations with health professionals

Speak with the most appropriate health professional in a timely way to get the right support

Provide a concise escalation history to health professionals to support their professional decision making

We will ensure our **Telecare and Assistive Technology Strategy** works alongside our care home to ensure the most effective and efficient use in our care homes, but also to ensure that care homes that deliver more short-term / Intermediate Care type services are aware of technology that Service Users they are currently supporting can access when they return to their own home and that care homes play an active role in making recommendations regarding longer-term care and support requirements.

Key Theme / Objective

Evaluate existing initiatives around technology supporting care homes and further explore how technology can support service delivery

Equipment & Single-Handed Care

Care homes must ensure that they meet CQC standards with regards to equipment provision. Care homes are required to have assessed that, for any potential new admission of a Service User, they can meet the person's needs in a regulation compliant way. Equipment considered essential for carrying out regulated activity should be available in sufficient quantity and type to meet

the safety, independence, welfare and comfort needs of all the residents. Staff working in care homes play an important role in identifying equipment needs when a person commences living in a care home and also when their support needs change.

Whilst care homes need to have a variety of equipment and furniture to meet most needs, there will be some Residents that may have needs that require a specialist piece of equipment to be made. People living in care homes have the same rights to services, including the assessment for and provision of some equipment, as those living in their own homes. The Sefton Community Equipment Services (CES) is commissioned jointly to provide community equipment on loan to individuals (both adults and children) following assessment by a health and/or social care practitioner. Any equipment issued is for the exclusive use for the Service User for which it is prescribed. The purpose of providing any such equipment is to increase or maintain functional independence, safety and wellbeing of residents and care staff as part of a risk management process. The CES also does important work on ensuring the safe and effective use of equipment.

As with other services the CES remains a vital element of the care home sector and we want to ensure that it continues to operate in a way which supports the sector continues to meet the present and future needs of Residents, Therapists, Clinicians and Providers.

Recently we have conducted an 'amnesty' of equipment, which was well supported by Sefton care homes, however we recognise that we may need to periodically do such exercises again in order to ensure that equipment provided remains fit for the purpose of which it was originally issued and to ensure the best use of resources, given the overall intention to support more people in their own homes.

As a result, we want to ensure that care homes;

- Have staff appropriately trained on the use of equipment;

- Conduct the required operational cleaning / disinfection of equipment and that they follow the required instructions and guidance for its use; and

- Are aware of their obligations around any loaned equipment and support the CES to ensure the best use of equipment resources.

However, we recognise that the use of equipment and the creation of greater independence applies just as much in care homes as it does in people's own homes. In Sefton the **Single-Handed Care** has been successfully implemented with Providers of community-based services where it was identified that good risk assessments, followed by suitable equipment and adaptations provided in a timely manner can ensure people are able to remain in their own home and reduce the need for double-handed (two carer) care packages.

We therefore want to explore the implementation of applicable elements of Single-Handed Care project in care homes.

> ## Key Theme / Objective
>
> Continue to ensure that equipment is provided (where required) to support care homes and to explore the implementation of Single-Handed Care in care homes

Capital Grants Programme

As part of the wider 'offer' of support to care homes we have implemented the opportunity for Sefton care homes to apply for capital grants to improve their homes in the following ways;

- Making physical improvements to care home environments

- Implementing technological solutions

The initial focus has been to make care homes more dementia friendly, to increase the positive experiences for Residents and their families/ advocates and to support the wider aim of homes achieving and maintaining *Outstanding* Care Quality Commission ratings.

Examples of the types of proposals related to;

- Improvements to gardens /outdoor spaces/ communal areas to afford Residents and their Families improved opportunities to access outdoor spaces and use areas for improved social interaction and activities

- Improvements to communal areas within the care home to support greater social interaction

- Improvements to areas within the care home in order to make them more dementia friendly and to provide an environment which reduces Service User anxiety/ distress

- The purchasing of technological solutions/ equipment (for example Interactive Tables, Robotic Pets and technology to support reminiscence therapy and contact with family) for use by Residents in order to improve their quality of life

Once these initial grants have been fully allocated and assessments conducted on the impacts that the improvements have made, we will continue to explore the potential for further capital investment into the sector and also opportunities for Commissioners to benefit from their 'buying power' to procure technological solutions / equipment for subsequent issuing to care homes.

We want to explore how any such funding can be used to support care homes, such as with respect to the provision of specialist equipment to meet prevalent / emerging needs.

Key Theme / Objective

Continue to ensure that equipment is provided (where required) to support care homes and to explore the implementation of Single-Handed Care in care homes

Enhancing the 'voice' of Residents, Families and Advocates

We also want to ensure that there is a continued focus on gathering the views and opinions of people that receive services.

Whilst this can be addressed through quality monitoring work, we also want to work with partners such as **Healthwatch Sefton** to develop **Thematic Reviews** of the sector based on feedback gathered from Residents, Families, Carers and Advocates on what are the most important issues for them and what factors they think are important for the effective delivery of services.

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

NHS

Sefton Council

10. Market Management

Over the next three years we will build a robust joint route for managing the market in terms of Quality, resource, supply and demand and building a strong culture of communication, openness and working together to deliver shared aims of robust high-quality serviced offers at a best valuable sustainable price.

It is recognised that a category management approach for this sector is required to provide assurances to Governing Bodies, Elected Members, Stakeholder and Interest Groups that this service area is effectively managed, and quality is effectively monitored with risks managed and mitigated.

This category of commissioned services / expenditure is significant in terms of risk (services to vulnerable people), budget oversight and Council and CCGs reputation. There is a need for greater oversight for this service category and budget, as the sector remains an integral element of meeting the needs of vulnerable people in Sefton.

We also need to address issues such as new care homes being built within the Borough with little discussion regarding the provision being offered or whether this provision falls within the commissioning direction of both health and social care. When considering such issues, we will also take into account the impact of any new care homes on the demands on primary and community care services which would result from the increased number of Residents needing to access such services.

This strategy, together with other associated strategies and policy documents, will be used to inform decisions on any new provision as well as being a document that potential new Providers can review, together with associated documents such as the Local Authority Market Position Statement, to ensure that their proposals meet the aims and objectives within it. When considering any new planning applications, we will also explore the potential for any new developments to also include the provision of new GP premises in order to meet wider aims.

We will therefore engage with our Planning partners to discuss proposed future developments and to outline our views as Commissioners on their ability to meet needs and the actual demand for any new services.

Whilst we are aware of each of our own commissioning activity information (as outlined in section 6 of this strategy) we recognise that this work needs to be expanded upon, to gain a better understanding of the market and to inform other pieces of work such as the review of fee structures (see section 10).

A key element of the approach to market management will be **Viability Work.** At the time of writing this strategy our Care Homes are facing a significant challenge as they deal with the COVID-19 pandemic and look towards recovery from the pandemic.

The void rate within care homes has historically been in the region of 6-7% but is currently higher with some homes having experienced void levels more in the region of 15-20%. This, together with potential future decreases to the level of placements typically made by Commissioners, coupled with reduce demand from the 'private' sector, will have an impact on care home Providers.

A key immediate activity is therefore the ongoing monitoring of these issues and exploring how the Sefton care home market can adapt. We

will continue to conduct work on assessing the impact on the market which will include analysis of;

- Local Authority and CCG commissioning trends / activity;

- Referrals and new placements being made into care homes – but not just referrals made by the Local Authority and the CCG. We also need to understand any changes to the 'private / self-funder' market for care home placements and quantify any changes between pre-COVID-19 and current referral levels;

- Financial matters such as analysis of Providers financial 'health' and cost pressures;

- Gathering more information on factors such as the physical condition / age of care homes in order to ascertain whether the building and facilities are well maintained and if there is flexibility / adaptability within the physical structure, e.g. the opportunity to create annexes for different client groups or needs; and

- Working with other Local Authorities and CCGs in order to reflect that we may 'share' the same Providers.

- Working with the market to develop its ability to respond to a higher level of acuity and ensuring we build on lessons learned during the COVID response to ensure we maximise the use of wrap around health offers to help support this.

- Working alongside the Sefton provider Alliance to deliver Enhanced Health in Care Homes as per our key objective detailed on page 26

Once we have an overall picture of the market and Providers, we will engage with them further to explore the issues and how we can offer further support.

In addition to local work, we will also work on a regional footprint to ensure we able to strategically manage the market and continue to meet the needs of individuals whom Care Home placements are the correct service offer for. This will include looking at specialist delivery and a higher acuity of residents. Market shaping and diversification of the market will need to be part of our future landscape.

Key Theme / Objective

Continued focus on assessing viability in the care home market

Dealing with Provider Failure

Linked to any work on viability is the potential that provider failure may occur. Withdrawals from the market may take place as a result of the impacts of the COVID-19 pandemic and other factors which lead to a reduce demand for care home placements, either in general or for certain types of placements.

Both the Local Authority and the CCGs work closely with the Care Quality Commission to ensure that effective quality control and monitoring systems are in place for Providers, however it is recognised that there may be instances where Providers fail, and this issue is more pertinent than ever.

The Care Act 2014 makes provision for ensuring that if interruptions to care and support services occur, Local Authorities have powers and duties for ensuring that the support needs of those receiving services continue to be met.

The Care Act also sets out Local Authorities duties to gather market intelligence which is also relevant to responding to business failure and other service interruptions. Where alternative services need to be put in place, a thorough

knowledge of the market is required. In addition, Local Authorities need to understand how their providers are coping with trading conditions. This includes Sefton Local Authority having good knowledge of the Provider market in the borough, offering assistance to Providers if it is possibly facing closure and what happens when a provider closes.

Whilst Sefton MBC and the CCGs have endeavoured to conduct commissioning which is sustainable, and which is based on a robust understanding of the market, it is recognised that instances will occur where Providers fail for various reasons.

In order to meet its Care Act 2014 obligations Sefton Local Authority and the CCGs will continue to;

- Develop a proactive and reactive role when working with providers and will proactively help anticipate and if appropriate work with a provider to prevent or delay closure.
- Share concerns they have about a Provider with other relevant organisations e.g. CQC, CCGs.
- Gather intelligence and information on providers and will share this with relevant stakeholders as appropriate e.g. CQC, other CCGs.

Sefton Local Authority and the CCGs will maintain a relationship with the CQC with a view to early warnings where Provider compliance issues may lead to CQC enforcement action or threaten the ongoing operation of a CQC regulated service. Safeguarding Teams will seek to identify early warning signs in regard to a Provider through safeguarding adult alerts.

In order to support this work, we will;

- Have awareness of the diversity of local providers to facilitate the transfer of care of individuals to another provider or owner in the event of market exit;

- Have good relationships with all providers serving their local population and through market intelligence and reporting be aware of any company financial distress;
- Have plans in place agreed with other relevant commissioning bodies to cope with the closure of a provider and to be clear about roles and responsibilities where the care people receive is commissioned by CCGs;
- Ensure that local people including Elected Members are informed about the change of a provider as appropriate, involve individuals, their families and carers in all decisions affecting their care;
- Ensure views of individuals and their families are taken into account to minimise disruption and act in line with their preferences wherever possible, making a best interest decision where this is relevant;
- Ensure that efforts are made to reduce stress and anxiety for individuals, their families and carers.

Market Exits

Should Providers need to withdraw from the Sefton care home market then we will work with them through this process and seek to support their workforce to identify future employment opportunities.

Needs Analysis

In order to manage the market, we need to continue to look at current and future needs. Work such as the Market Position Statement will support this as well as gaining feedback from Practitioners and Providers on trends they are seeing and changes in dependency levels.

We then need to share with information with Providers to support them to better understanding these needs and how their services can meet them.

11. Contracting, Quality, Compliance and Performance

As Commissioners we both wish to contract with the Care Homes delivering the highest quality care for people in Sefton.

As identified in this strategy, we recognise that as Commissioners we are asking Providers to operate under different frameworks, contractual arrangements and service specifications. Whilst some of this is 'beyond our control' we recognise that we can work together more, for both the benefit of us both as Commissioners, but also for the benefit of Providers with respect to providing a 'common voice' to the market, more streamlined business processes and shared monitoring arrangements.

We need to explore opportunities for;

- **Aligning commissioning arrangements** – including a shared 'brokerage' function for making placements and/or the establishment of joint working arrangements in order to consider requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Residents and represent Value for Money or whether alternative services are available that better meet these aims. This in turn will then provide intelligence on emerging needs in order to then inform engagement with the Provider market on how they can adapt and meet these needs. However, given the anticipated statutory changes to the abolition of Clinical Commissioning Groups and the emerging Integrated Care System (ICS), it is highly likely that statutory responsibility for delivery of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care will be placed at ICS level. There will however need to be place-based

considerations in terms of how assessments and reviews will be undertaken, and care provision brokered. In this regard we will continue in the meantime to work together on plans as and when further direction from NHSE&I emerges.

- **Creating a new joint contract** – or at best aligning contractual arrangements with updated clauses to reflect factors such as;
  - New fee structures
  - Performance and outcomes measures
  - Information governance
  - Use of technological solutions
  - New legislative requirements and good practice – including those relating to information governance

- **Implementation of a shared service specification** – linked to the above, there is also the desire to implement an updated service specification which reflects a revised focus on;
  - Quality;
  - Outcomes for Residents / Carers;
  - Changes occurring due to the COVID-19 pandemic – such as the development of the Trusted Assessor model;
  - A partnership commitment to workforce development, including training and professional standards;
  - Any legislative and good practice changes such as the Liberty Protection Safeguards; and
  - Quality and performance measures and requirements.

As a result, we will have new arrangements in place with Care Homes that reflect aims and

objectives outlined in this strategy, are fit for purpose and promote high quality care and improvement that is supported by a robust improvement and quality monitoring processes.

Linked to these objectives and also the review of financial arrangements, we will explore the implementation of a **'Preferred Provider List'** of homes which have signed up to any new contract, which can then be made available to Residents and their Families. Should this be implemented, it is important to highlight that

choice directives will still remain in place.

Compliance, Performance & Quality Monitoring

Monitoring the effectiveness of care homes and the services they provide is of vital importance. It enables us to identify any issues and risks and then to focus support on where it is needed. It also supports the aims of identifying and sharing good practice.

We want to enhance our monitoring so that it takes the following forms;

Enhanced / Urgent Monitoring

High risk - concerns identified in a number of areas

Responsive Monitoring

Such as unannounced visits to address any immediate issues identified

Standard / Proactive Monitoring

Such as periodic monitoring, including the gathering of information from Providers, Residents and Stakeholders to assess quality but also to identify good practice for wider sharing

In order to support this work, and also our market management work, we will also work together on the development of a shared quality and performance monitoring function.

Assessments of Quality, performance and compliance are not just about analysing data. Data can only tell us so much and other intelligence needs to be gathered to support the overall assessment process, as summarised below;

- Contractual Quality and Performance information
- Demand for other Commissioned Services
- CQC Data / Intelligence
- Service User / Stakeholder / Advocacy / Carer Feedback
- Viability Assessments
- Analysis of Placement Volumes / types of placements
- Safeguarding Data / Trends
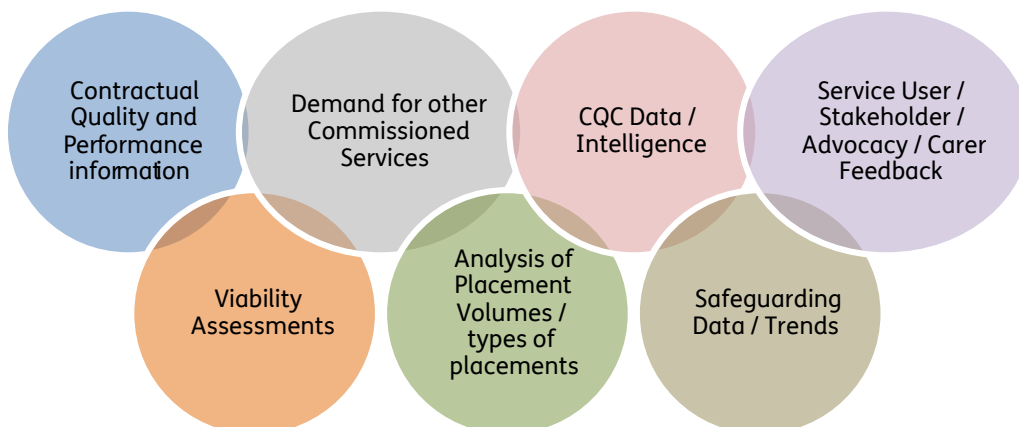
We therefore need to ensure that we have robust arrangements in place which;

- Support the sharing of intelligence;
- Provide mechanisms for Residents, Families, Advocates, Staff, Professionals and Stakeholders to inform quality and performance monitoring activities;
- Enable real-time analysis of the market and individual Providers;
- Collate analysis of Safeguarding issues, as these are one of the key sources for the identification of concerns in care homes, in order to identify trends and also support the sharing of good practice; and

- Ensure that the quality monitoring process is not administratively burdensome for Providers.

To this end, we will seek to implement new tools for the collation and analysis of information to support and inform the Quality and Compliance process. This will also include the implementation of I.T. solutions to support this work and the timely exchange and submission of information.

We also wish to explore the development of a **Sefton Quality Mark** which would reflect the following elements;

We want to celebrate and promote good quality care homes and acknowledge the work they do to support their residents and staff.

Key Theme / Objective

Development of Shared Contracts, Service Specification and Quality Monitoring functions

12. Finance Related Issues

We recognise that financial matters will always be an important element of how the sector is managed, meets needs, adapts to changes in needs and links to work around managing the market, improving quality and assessing viability.

We also recognise that Care Home Providers have experienced significant cost pressures, both with respect to new expenditure as a result of the COVID-19 pandemic and reduced income through less placements being made, and other factors such as the EU Exit.

However, it is also important to acknowledge that funding also needs to be looked at in relation to the care home market that we want for the future, the focus on making less care home placements and the increased demand for other services. We will need to be open and honest with Providers on such issues given that we are working to constrained budgets.

Whilst previous market oversight exercises have resulted in cost of care tools being used, we recognise that there is a need to re-visit these. We need to understand Providers current costs as well as wider financial information such as levels of Third-Party Top-ups and how these are formulated. Currently, detailed information on fee rates levied is unclear and this leads to issues when analysing Value for Money and ensuring that rates reflect different levels of need.

As part of joint working, we will commence a project to review existing fee structures, which will include the scoping of the potential implementation of;

- Tiered pricing approach to reflect differing levels of Service User dependency and factors such as;
  - Behaviour

- Cognition
- Psychological and Emotional needs
- Communication
- Mobility
- Nutrition & Hydration
- Medication / Pain Management

■ Costing tools to formulate costs which are based on individual Service User assessments and/or where additional 1:1 care is required to meet specific needs such as those related to Moving & Handling;

■ Arrangements for assessing costs relating to S117 Aftercare and Joint Funded placements; and

■ Fee rates against the availability of, and the accessing by, care homes of community based wraparound support services, I.T. solutions and Equipment, which can be utilised to address certain needs thereby reducing costs.

We want to have open and transparent dialogue with care homes on their costs in order to seek to implement fee structures and payment systems which are clear and reflect best practice in terms of;

■ Commissioners assessments being clear to care homes in terms of level of assessed care and support needs, their decisions and rates to be paid;

■ Considering requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Service Users and represent Value for Money or whether alternative services are available that better meet these aims;

■ Greater transparency of existing costs when decisions such as that of CHC eligibility arise; and

■ Reducing the requirement for specific negotiations to take place around costs for individual placements in order to streamline decision making and placement processes.

Linked to the above, is the Local Authority also reviewing its current payment arrangements with care homes. The current contractual arrangement is to pay providers the Local Authority contribution only; net of the client's personal financial contribution toward their assessed care needs and any agreed third-party top-ups for additional services. Care Home Providers are required to collect the client contribution and top-ups direct and feedback received as part of consultation on fee rates has highlighted this as an issue. We will therefore commence a specific workstream around the potential implementation of the Local Authority paying gross costs to Residential and Nursing Care Home Providers for all Residents placed by Sefton (including those with a deferred payment agreement in place).

We will also explore the further pooling of budgets in order to make the best use of resources, support other work on further integration and also to provide more seamless funding / payment mechanisms for Providers.

Key Theme / Objective

Review of Fees / mechanisms to calculate placement costs and exploration of further pooling of budgets

13. Consultation & Engagement

Key to the delivery of this Strategy is to enable the Sefton Care Home Market to be fit for the next 3 years and beyond. Engagement and approaching this challenge in partnership is key and a crucial part of this is increasing the dialogue between Commissioners, Providers and Stakeholders. This is something that has happened sporadically in Sefton historically and it is recognised that it needs to improve.

During the COVID-19 response, this galvanised into a co-ordinated, sustained, positive and proactive system of provider forums, bulletins, direct telephone calls, design thinking session and the production of system wide guidance and pathways to support the Care Home market. Providers and partners (such as Healthwatch Sefton, Advocacy services and Community Health Service Providers) have been engaged with in order to ensure that communications are timely and robust and that all parties are supported, and their expertise is utilised.

We wish to build on this and ensure that impetus gained so far is not lost and to also expand this work to promote the sharing of good practice and homes supporting each other through initiatives such as 'buddying' arrangements.

We also want to ensure that we engage with Groups established by care home Providers themselves so that we can communicate our commissioning intentions and proposals for supporting and developing the sector.

Key Theme / Objective

Consultation as part of delivery of this strategy and building on Consultation & Engagement mechanisms implemented to date

14. Implementation of this Strategy / Keeping it Under Review / Governance

This strategy is ambitious, and it has also been produced at a time of unprecedented change for everyone involved in the care home sector. Therefore, this strategy at this present time cannot outline definitive timescales on future work and dates for implementation.

However, a high-level implementation plan is included at the end of this section, which summarises key project workstreams and current proposed timescales.

The strategy needs to be a working document with detailed plans being developed and consulted upon relating to the specific aims and objectives we want to deliver.

This strategy will be reviewed on a periodic basis to ensure that it remains fit for purpose and to report progress on its delivery to established groups and governance structures such as the Sefton Health & Wellbeing Board, the Integrated Commissioning Group, Leadership Teams, Elected Members and Provider groups.

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

15. High Level Action Plan

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Strategy Implementation	Engagement with key Stakeholders on strategy implementation	pink										
	Establishment of dedicated project groups to take forward strategy priorities	pink										
	Development of linkages into emerging Integrated Care Partnership	pink	pink	pink								
	Implementation of associated Strategies (Intermediate Care etc)	pink	pink	pink	yellow	yellow	yellow	yellow				
	Engagement with LCR to explore issues such as Dynamic LCR DPS and alignment of LCR objectives	pink	pink	pink	yellow	yellow	yellow	yellow	green	green	green	green
	Year 1 review of Strategy / Production of Progress report / Formalisation of Year 2 priorities			pink	yellow							
	Year 2 review of Strategy / Production of Progress report / Formalisation of Year 3 priorities							yellow	green			
COVID-19 Response / Analysis of Impact	Continued joint LA and CCGs response to the pandemic	pink	pink	pink								
	Ongoing assessment of impact on market - vacancies, referrals etc	pink	pink	pink								
	Further development and updating of market management / viability tools	pink	pink	pink								

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Finance Related Issues	Ongoing analysis of impact of 2021/22 fee decisions	■	■	■								
	Analysis of Historic and current placement activity and costs - including Out-of-Borough placements											
	Cost of Care exercise / Development of Tiered Pricing Approach	■	■	■								
	Review of DPS system / Options appraisal on future placement brokerage arrangements	■	■	■								
	Further scoping of implementation of Gross Payments (LA)	■	■	■								
	Potential Implementation of Gross Payment - including potential pilot programme				■	■	■	■	■	■	■	■
Technology / Capital Improvements	Mapping of current national and regional technology working groups and funding streams	■										
	EMIS Pilot - Delivery / outcomes measurement / proposals for next steps	■	■	■								
	Research on applications available to support Falls monitoring	■										
	Exploration of exercise to centrally procure technological solutions identified in grants programme	■										
	Outcomes analysis for Capital Improvements Grant Programme	■	■									
	Scoping of opportunities for further capital investment - including care planning I.T. solutions	■	■									

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Contracting / Quality Monitoring / Commissioning Arrangements	Scoping of current Commissioners activity / commissioning arrangements	▨	▨									
	Formulation of proposals for integrated Quality Monitoring Team - including shared BI function	▨	▨									
	Exploration of implementation of Quality Monitoring I.T. systems	▨	▨									
	Development of revised contract and service specification - including joint working on a regional level	▨	▨									
	Implementation of new contract and service specification			▨	▨ (orange)							
Support to Care Homes / Workforce Development	Further implementation / embedding of Enhanced Health in Care Homes	▨	▨	▨	▨ (orange)	▨ (orange)	▨ (orange)	▨ (orange)	▨ (green)	▨ (green)	▨ (green)	▨ (green)
	Delivery and evaluation of My Home Life programme	▨	▨									
	Exercise to gain feedback from staff on impact of pandemic and training / development needs	▨	▨									
	Mapping of current training opportunities available & review of training offer	▨	▨									

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council

Workstream	Activity	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Consultation & Engagement	Ongoing pandemic Provider engagement - including gaining Provider feedback	●	●	●								
	Formulation of proposals on consultation & engagement approach	●										
	Dedicated engagement with care homes to discuss Strategy progress to date and future priorities		●	●				●	●			
	Development of Thematic Reviews	●	●	●								

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Sefton Council