

13 May 2019

Agenda Item: 9

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING
SAFEGUARDING AND ACCESS**

**QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND
MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER
CONTRACT TERMINATION/SUSPENSIONS**

Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:
 - the quality monitoring and market shaping activity across both residential and community care services across the County
 - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised about the quality of care. QMMT officers work closely with the Council's operational teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision.

QMMT activity and performance information

4. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. In total there are over 360 providers delivering a range of services in Nottinghamshire. These include:

- 282 care homes of which:
 - 119 are younger adults care homes
 - 164 are older adults care homes
 - 70 offer nursing care.
- a range of other contracted services including:
 - Home care
 - Day care services
 - Care support and enablement services (supported living)
 - Extra Care/Housing with Care services.

5. The annual round of quality audit of all older person care homes has recently been completed to determine quality bandings for 2019/20. The results for this financial year are:

Banding	Number of Care Homes 2018/19	Number of Care Homes 2019/20	Increase/Decrease 2018/19 - 2019/20
1	16	14	-2
2	17	20	+3
3	34	31	-3
4	36	34	-2
5	67	65	-2

6. This financial year's changes to the bandings results is in response to not just the standards in homes meaning the quality has improved or declined but also there is a further impact due to the decrease in the number of care homes over the last year.

7. Nottinghamshire has seen seven older person care homes close in the last financial year. The QMMT has been involved, along with operational colleagues, with services that close to ensure a safe move for those residents affected. The closures have been due to a variety of reasons such as financial, quality and also retirement. The homes that have closed were a mixture of quality bandings including band 4 and 5. Five of the homes were situated in the north of the County, mainly in the Mansfield and Ashfield area.

8. There have been three care homes open in the last year with two of these homes in the Ashfield area with a further one to be opened in the next financial year in the same area. There was also a new home opened in the Rushcliffe area.

9. Regulated services are inspected and rated by the Care Quality Commission (CQC). A comparison of Nottinghamshire services against other East Midlands authorities is set out below:

CQC ratings comparison – as at 1st April 2019
Ratings as a % of all rated services

Authority (number of rated services)	Number of rated services	% Outstanding	% Good	% Requires Improvement	% Inadequate
Derby	116	1.7	79.3	19.0	0.0
Derbyshire	346	1.2	85.0	12.7	1.2
Leicester	186	3.2	85.5	10.8	0.5
Leicestershire	257	2.7	81.3	14.4	1.6
Lincolnshire	347	2.9	80.1	15.6	1.4
Northamptonshire	367	7.1	79.6	12.5	0.8
Nottingham	122	2.5	76.2	21.3	0.0
Nottinghamshire	375	5.9	74.7	16.0	3.5*
Rutland	18	0.0	88.9	11.1	0.0
East Midlands	2,055	3.1	79.7	15.7	1.5

* this figure includes homes that have now closed

10. Nottinghamshire has the highest number of CQC rated services in the East Midlands. Compared to regional averages Nottinghamshire has:
- a higher % of ‘outstanding’ services; nearly double the regional average and the second highest number in the region
 - a slightly lower number of services rated as ‘good’.
 - a higher % of services rated as ‘requires improvement’ – however this figure includes a number of care homes that have now closed.
11. The Council also has a very proactive approach to quality monitoring and does target poor providers. It also works very closely with the CQC and shares information with them about the findings of the QMMT audits, quality monitoring visits and quality referrals.

Review of the local ‘Fair Price for Care’ Framework for older adults care homes, including review of the Quality Audit framework

12. The ‘Fair Price for Care’ review of the fees for older person care homes has been completed with the outcome assisting the review of the fees paid for the banded care homes. As part of this process a review of how providers are paid and also the quality audit tool commenced.
13. The QMMT held two consultation events with all contracted providers in 2018 to gain their views on the current process. The events were very well attended and provider feedback was that they see the audit process as a positive experience. The feedback was taken from these events and used to structure the new quality audit tool.
14. The new quality audit tool has been re-designed and one further event with contracted providers which will take place in April 2019 to introduce the tool and the changes to the process. The current older person bandings will remain for 2019/20 with a planned review of this process taking place.

15. The bandings review will be carried out in conjunction with the implementation of a new contract for older person care homes. A review of the current specification and terms and conditions is on-going with the plan to have this agreed and in place for April 2020. The process of how the Council award the contract for older person care homes will be implemented with the new contract from April 2020.

Home based care services

Overview

16. New contracts for home based care services became operational on 1st July 2018 followed by an implementation and transition phase that ran until October 2018. Over 700 packages of care were recommissioned and successfully transferred to one of the new providers during this three month period with little disruption to service users. The new commissioning model is based around a Lead Provider supported by Additional Providers in six geographical areas, covering the whole County.
17. Services are now being commissioned for outcomes, rather than the prescriptive 'time and task' approach, which allows for a greater degree of individuality and flexibility in the delivery of services. Previously the Council paid home care providers on the actual minutes delivered to each individual service user. This payment model was quite restrictive and caused some cash flow issues for providers, particularly small providers, nor did it encourage them to offer staff salaried contracts due to fluctuating monthly payments. The new model pays providers on commissioned hours and includes two high level outcomes: service user satisfaction and a percentage of pick-up of referrals. This gives providers more financial surety and therefore they will be in a better position to offer staff improved terms and conditions.
18. The commissioning process requires that all new care packages are sent to the appointed Lead Provider for the geographical area. The Lead Provider is required to accept a minimum of 75% of these and packages that are not picked up by the Lead Provider are sent to the Additional Providers in the area. Additional Providers are required to offer on a minimum of 25% of these packages. Any packages not picked up by either Lead or Additional Providers are advertised to a wider pool of providers via the Dynamic Purchasing System (DPS).
19. The overall acceptance of referrals by the Lead and Additional Providers is steady across the County, but sometimes below contractual requirement for individual providers. Most of those packages which are not accepted by the Lead or Additional Providers are being picked up by providers on the DPS.
20. Bassetlaw was previously a difficult to serve area but now the Lead and Additional Providers are working well together and are responding to the majority of referrals for that area. In Broxtowe and Newark and Sherwood, Lead and Additional Providers are frequently accepting 100% of all referrals made. In Mansfield/Ashfield and Gedling areas performance has fluctuated but has generally seen Lead and Additional Providers accept over 70% of all referrals, although Rushcliffe poses some challenges. Measures have been put in place to address under performance which include contractual sanctions being applied where

appropriate. In addition a market engagement exercise has been undertaken in Rushcliffe to gather further intelligence and stimulate the market in this particular area.

21. Since the introduction of new contracts there has been a reduction of the number of people awaiting a long term package from over 250 (July 2018) to less than 30 in April 2019.
22. Community Partnership Officers (CPOs) within the team are assigned to each area and work closely with providers and operational teams as well as other stakeholders to embed the new service model and monitor performance on quality on an ongoing basis.
23. The Quality Audit programme for new home based care services is now in place and audits have begun to take place.

Building market resilience and capacity

24. Availability of home care services is a national, as well as a local, issue and the recruitment and retention of sufficient workforce remains a challenge. The Council is actively trying to address these difficulties with this different model of Home Based Care and Support Services which is designed to build and support capacity in the local market over a 10 year period. Although it is still early in this process there have been some examples of providers changing their recruitment practices and terms and conditions and working in more flexible ways.
25. In order to monitor that staff terms and conditions are improving, the new contract requires providers to evidence year on year increases in the number of staff offered a salaried contract. An example of good practice is that since the introduction of the new contracts one of the main Lead Providers is advertising posts at hourly rates of £10.00 for care staff and two providers have introduced some guaranteed hours or salaried contracts. This is a significant change for providers and it is hoped that this will encourage other providers to adopt similar approaches. All providers are also monitored by Her Majesty's Revenue and Customs (HMRC) to ensure that they pay the legally required hourly rates to their staff.
26. More immediately, the following actions have been initiated to address the issues identified and to help provide market capacity:
 - weekly monitoring of providers' performance and target setting on pick-up of new referrals and recruitment of staff
 - strict application of contract requirements which, for those providers who do not meet the standards required, have result in sanctions being applied including the termination of contracts
 - retendering to increase the overall pool of Additional Providers particularly in areas where there are insufficient providers
 - support for providers to work together and build capacity through sharing good practice around recruitment and retention or by focusing on particular localities in the area to problem solve issues.
27. There are still challenges in terms of provider capacity to meet the demand for home based care but there are also opportunities. For example, a significant amount of work has been undertaken to develop an electronic portal to manage referrals through to providers which

will reduce manual processes and accelerate response times to deliver greater efficiencies in the way services are commissioned.

Experts by experience

28. The team continues to work with the 'Experts by Experience' engagement group for home based care, who were involved in the evaluation of the tenders and have also offered advice to officers on producing appropriate communications for service users and carers. The group is now considering how its members can be involved in the on-going quality monitoring of services and how to attract new members and are still represented on the Joint Health and Social Care Programme Board that meets on a monthly basis.

Home First Response Service Overview

29. The Home First Response Service (HFRS) is a short term rapid response service providing home based care for up to a maximum of 14 days to facilitate discharge from hospital or to prevent unnecessary admission to short term care or hospital due to a temporary crisis at home. The service is a county-wide service and delivered by one provider, Carers Trust East Midlands, to ensure consistency and flexibility. The service commenced in December 2017 and is available seven days a week.
30. From mid-December 2017 to the end of February 2019, 1584 people have been through the service. At point of discharge from the service 30% of people required no on-going services, 18% were referred to the Council's START service for further reablement, and 52% went on to a longer term home based care service.
31. A member of the team works proactively with the service and with operational colleagues to ensure service users move through the service in a timely way and that capacity is maximised.
32. Both HFRS and new home based care processes are contributing to the County Council's excellent performance in respect of Delayed Transfers of Care.

National Adult Social Care Recruitment Campaign

33. The Department of Health & Social Care launched a national campaign for social care in February 2019, supported by Skills for Care. The campaign aimed to raise the profile and awareness of different roles and opportunities within the social care workforce and encourage more people to consider working in the sector. As part of the campaign a number of tools and resources have been developed for providers to support local recruitment as well as awareness raising at both local and national level and an advertising campaign. The campaign formally ran until the end of March 2019.
34. The team has worked to engage providers and ensure they are fully linked into the campaign and that the benefits continue beyond March.
35. Linking in with the campaign, the team is working alongside Optimum and a number of Lead and Additional home based care providers to develop a 'working in homecare' video, and promoting roles and opportunities within the sector locally. Two care home providers have

already produced videos that have been used both locally and nationally to promote the roles working in the social care sector.

Optimum

36. Optimum colleagues are now part of the QMMT and are working alongside Quality Monitoring Officers and Community Partnership Officers to support and develop service quality in a co-ordinated way. This joint approach will enable Optimum activities and resources to reflect and be informed by the wider quality work undertaken by QMMT.
37. An action plan is in place for local implementation of the National Recruitment Campaign, which brings together individual projects that Optimum has been working on with providers and partners within the sector over the last 12 months. Surveys are taking place to benchmark current practices and will be re-evaluated towards the end of the year to measure progress against the action plan.
38. Following on from meetings with commissioners and stakeholders it has been agreed that Optimum will review work streams for 2019-20 to support the provision of quality services whilst retaining aspects of proactive work with local care providers. This will impact on the learning and development and quality improvement projects and events that they deliver during the next 12 months. Key workstreams are:
 - ***The Workforce Development Fund*** – funds in excess of £100,000 are being bid for from Skills for Care (which is a Department of Health fund).
 - ***The Burdett Trust funded project to develop Advanced Nurse Practitioners in nursing homes*** – a £60,000 project over two years, to encourage and support the role in care homes.
 - ***Nottinghamshire Independent Sector Recruitment Project*** – an investment of £6,000 has been identified for this work to include: £2,700 for the development of a homecare career video to promote working in social care and for providers to use in their recruitment drive and workshops to develop recruitment and selection practices for homecare and residential services.
 - ***Learning and development interventions*** to support commissioning and quality improvement initiatives and the local recruitment campaign will include management development, coaching opportunities, managers' network meetings and Champions' workshops to deliver knowledge and understanding to meet person-centred needs, health and social care needs.

Other Options Considered

39. No other options have been considered.

Reason/s for Recommendation/s

40. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

41. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

42. There are no financial implications arising from this report.

Implications for Service Users

43. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they be funded by the Council or whether they fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

Cherry Dunk
Group Manager, Quality & Market Management
Adult Social Care and Health
T: 0115 9773268
E: cherry.dunk@nottsc.gov.uk

Constitutional Comments (KK 15/04/19)

44. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (DG 11/04/19)

45. The financial implications are contained within paragraph 42 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

Electoral Division(s) and Member(s) Affected

All.

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