

Report of: Service Transformation

Report to: Director of Adults & Health

Date: 25th October 2017

Subject: One City Care Home Quality & Sustainability: Development of a Care Quality Team

Are specific electoral wards affected? If relevant, name(s) of ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix 1, CQC rating data for Leeds older peoples care homes Appendix 2, Role of the Care Quality Team incl. Existing and Proposed Models of Care Home Support Appendix 3, Equality Impact Assessment Screening Tool Appendix 4, Risks and Issues	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- Under the Care Act 2014, the Council has legal obligations and the Director of Adults and Health has specific statutory duties to facilitate and shape a diverse and sustainable older people's care home market. It is proposed that a Care Quality Team will provide the support needed to enable the sector to deliver high quality care and to increase the percentage of homes in the city rated as Good by the CQC.

Recommendations

- That the Director of Adults & Health approves the primary business requirements of a Care Quality Team in order to deliver proactive, targeted, strength-based support to older people's care homes in Leeds. The overriding purpose of the team will be to improve quality of care, as measured against defined success criteria, such as the percentage of CQC Good rated care homes.
- That the Director of Adults and Health approves the proposed staffing model for a Care Quality Team within the agreed budget of a recurrent spend of £300,000 per annum.
- That the Director of Adults and Health approves the recurrent spend of the remainder of the recurrent £300,000 pa budget to support the development of other elements of the wider One City project, for example as identified within the quality improvement action plan.
- That implementation will be by the Head of Commissioning (Contracts and Business Development), and Service Transformation, with support from other teams as appropriate, from mid-November 2017.

1. Purpose of this report

- 1.1 To describe the proposed primary business requirements and staffing model for the Care Quality Team.
- 1.2 To seek approval to establish the Care Quality Team.

2. Background information

- 2.1 The One City Care Home Quality and Sustainability project will, through partnership working between Adults & Health (A&H), NHS Partners, Care Home Providers and other organisations, deliver a quality improvement action plan, a joint market position statement, and a new A&H Residential and Nursing Care Services Framework Contract. This will aim to ensure that *“citizens of Leeds receive high quality care in independent sector care home settings and that A&H contracts incentivise care homes to provide this high quality care”*.
- 2.2 The report *“One city approach to improving and sustaining quality in the care home sector”* by the Director of Adults & Health, presented to the Integrated Commissioning Executive (ICE) in November 2017, expressed that one of the actions Leeds could take would be to *“form a virtual team that will work in a multi-agency, multi-disciplinary way to support quality in care”*.
- 2.3 The creation of a Care Quality Team will allow care home providers in Leeds access to a more responsive support and advice specialist network, leading to improved quality of care provision and therefore improved quality of life for people living, dying, visiting or working in older people’s care homes in the city.

3. Main issues

- 3.1 There is a need to enable care home providers and the sector’s workforce to be able to respond effectively to the changing demand demographics of the sector. With the aging population comes increased complexity of need and co-morbidities when people do need 24hr care in a care home setting. There is a need to support care home providers to meet current and future demands in supporting people with dementia needs, and to clarify expectation in this area.
- 3.2 Locally, NHS organisations also recognise the importance of an effective care home market and good practice, and are working together with Adults and Health and care home providers to develop and provide appropriate support to care homes. There are a number of initiatives and schemes already in existence but further work is needed to make these more accessible across the sector, and to integrate teams further to avoid duplication.
- 3.3 Existing services operate reactively to address quality as one part of their responsibilities, e.g. where safeguarding concerns are identified or an inadequate CQC rating is given. Where support is provided to address quality issues it is often on a temporary basis and only available to certain homes dependent on location, contract arrangements or funding streams.
- 3.4 Leeds compares poorly to the national average in relation to the quality profile of older people’s care home services as inspected and rated by the Care Quality Commission (CQC). Nationally 65.5% of care homes are rated as good. As of

March 2017, older people's residential care homes are 74% rated Good, while nursing care homes are 44% rated Good; overall older people's care home provision in Leeds is 48% rated Good.¹

- 3.5 "Requires Improvement" CQC ratings cover a very broad range of findings from a small number of inaccurate recordings to much more concerning areas such as safeguarding or policy issues. There are common themes for those Leeds care homes rated as Requires Improvement, as shown in *Appendix 1*. Support to care homes needs to be targeted in order to achieve the aspirations of the Council's Scrutiny Board (Adult Social Services, Public Health, NHS) to increase the overall quality of care home provision in Leeds rated 'good' or 'outstanding' from 50% to at least 80%, and to avoid the situation where "*the Good get better and the poor performing get worse*".
- 3.6 All sectors are reporting that they are experiencing some degree of difficulty in recruitment and retention, which is reflective of the findings of the *CQC State of Care Annual Report 2015/16*. The care home sector is struggling to recruit and retain skilled staff from care assistants, through to nurses and registered care home managers. Salary expectations, access to training and suitable career pathways, job requirements and levels of accountability in comparison to other job options both within and outside the care sector, and potential implications of the Brexit decision, are all affecting the ability to foster a skilled and sustainable workforce. In addition, training offers are of mixed quality, sometimes not suitably tailored to the care home workforce, knowledge of training and support resources is patchy and registered managers and nurses report a lack of an effective support network.
- 3.7 There is a reported lack of trusted relationships between organisations in some instances, which affects the ability to have open and honest discussion about how to deliver high quality care, or to put things right when problems do happen. A contract monitoring approach is used to intervene when a home is "failing", and there are varying levels of appetite and capacity for engagement from care homes. Often it's the same care homes who engage. Others, whilst willing, struggle with capacity to attend the often duplicated meeting forums, without the right level of decision makers present. There are no local sector awards to celebrate best practise.
- 3.8 As detailed above, there are various drivers for change to improve quality in older people's care homes. A dedicated team with a sole focus on supporting care homes to deliver high quality care is crucial to address a number of problems that exist within the current model of support to care homes. The primary business requirements to address such problems and what improvements this will make are detailed in *Appendix 2*.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Various engagement and consultation findings have been used to form the basis of the proposed primary business requirements for the Care Quality Team, and proposed model for the team, in line with the funding that has been secured.

¹ CQC Presentation to Leeds One City Quality Event, April 2017. Figures extracted from CQC 24th March 2017.

- 4.1.2 Consultation has taken place across a wide range of different agencies and stakeholders. Consultation methods have included a multi-agency city wide event, regular formal meetings with NHS partners, Elected Members and representatives of care homes, written briefings to Elected Members and Scrutiny Board, Full Circle Newsletter, and discussions with other local authorities and national organisations such as The King's Fund and My Home Life.
- 4.1.3 All posts will be recruited in line with current Leeds City Council recruitment processes, including job evaluation and consultation with union representatives, and will provide an opportunity to recruit staff from a more diverse background. The development of the detailed operating model, business processes and systems for the new team will run in parallel with the recruitment process and will include further engagement with Care Home Providers, A&H, NHS Partners and other organisations as appropriate.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 An Equality Impact Assessment screening tool is completed at *Appendix 3*.

4.3 Council policies and best council plan

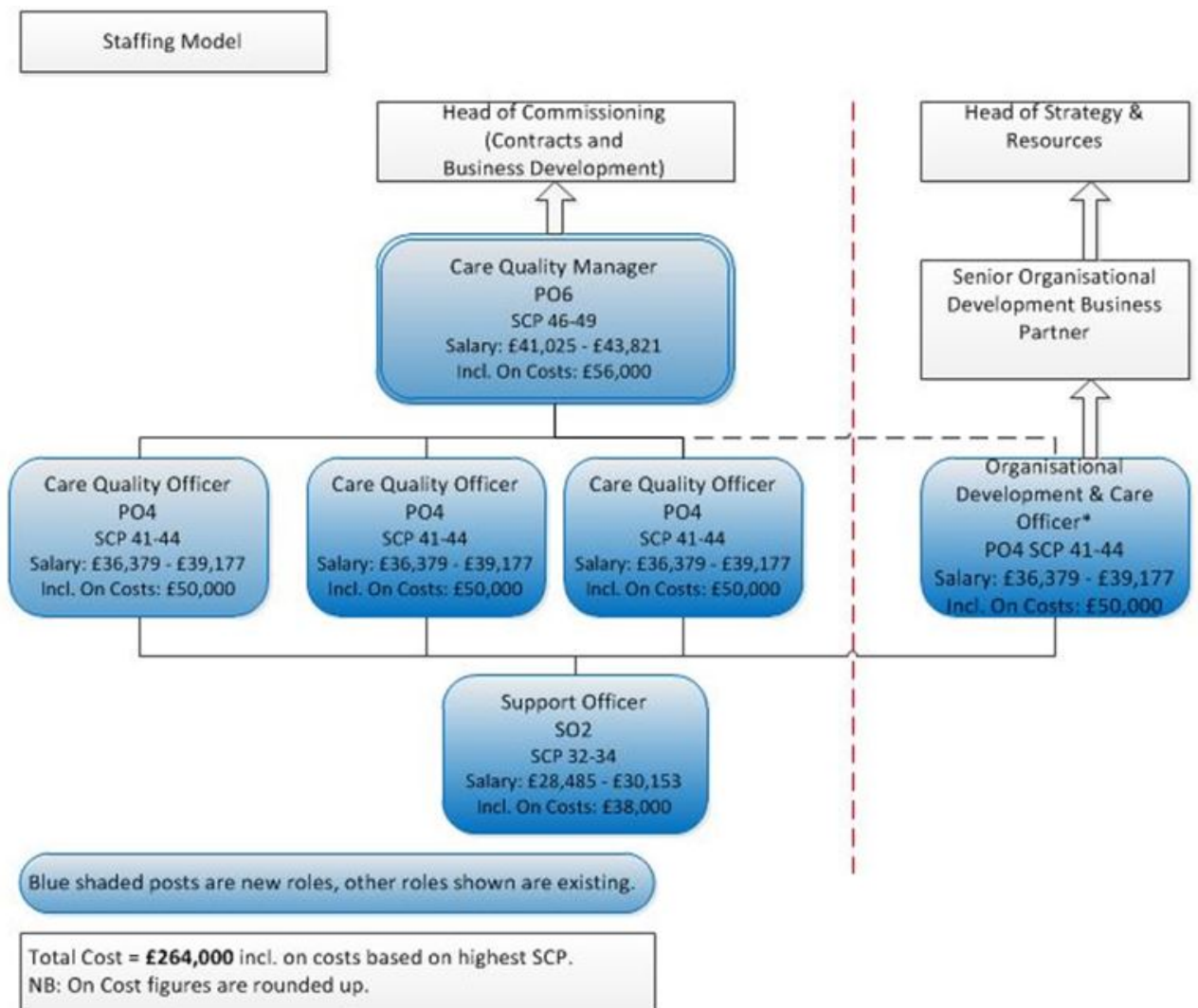
- 4.3.1 The creation of the Care Quality Team and the outcomes it will deliver, will contribute to the Council's *Better Lives Strategy*, Better Lives through Better Living, which supports the *Best Council Plan 2015-20* Breakthrough project of "*Making Leeds the Best Place to Grow Old*", and to provide "*Early intervention...reducing health inequalities*".
- 4.3.2 It will also contribute towards the *Leeds Health and Well-being Strategy* that "*Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest*".
- 4.3.3 There are also strong interconnections between the Better Lives Strategy and NHS strategies, *the West Yorkshire Sustainability and Transformation Plan (STP)*, linked to the *NHS Five Year Forward View (Oct 2014)* and the new care models programme, in particular *The Framework for Enhanced Health in Care Homes*. This is supported by *The Leeds Health and Care Plan* that sets out the activity Leeds will undertake to transform health and care services. All are underpinned by a principle of ensuring flow across the whole system, and rebalancing the conversation with citizens to promote self-care and high quality services.

4.4 Resources and value for money

- 4.4.1 The resources available are a recurrent £300K per annum investment, which has been identified out of the additional 1% precept that Councils have been given permission to levy. This is accounted for in the 2017/2018 budget.
- 4.4.2 The £300K pa is available from April 2017, recruitment will commence upon approval of the creation of the Care Quality Team and the posts that make up the team, anticipated from mid-November 2017.
- 4.4.3 The National Careers Service identifies Care Home Managers salaries as ranging from £20-£54,000 per annum. It is key that the manager of the team has sufficient

skills, knowledge, expertise and the credibility within the sector to be able to influence effectively at owner/director level. Likewise, it is crucial that the Officer roles and salaries attract people with operational experience of the sector, ideally previous registered managers and/or CQC inspectors. It is therefore anticipated that the salaries proposed at PO6 and PO4 will attract the right staff to deliver the proposed primary business requirements of the team.

4.4.4 The staffing model for the Care Quality Team is detailed below. The model is based on requirements gathered from other authorities who already have established teams in place, and from feedback from care home providers and other stakeholders at the One City quality event and workshop with NHS partners. The estimated team size is based on this feedback, the number of care homes in Leeds, and the primary business requirements of the team.



4.4.5 There is potential for future partnership working with CCGs to develop clinical roles within a wider “virtual” Care Quality Team. Barnet and Leicestershire authorities both aspire to appoint an Occupational Therapist to their quality teams. Leicestershire has a clinical lead in their team, funded by Public Health/CCGs to enable an effective recruitment process, for example, being able to offer NHS terms and conditions and clinical supervision. Clinical roles, funded by the CCG, within a wider “virtual” team would be advantageous given that nursing care homes are at 44% Good, compared to Residential Care Homes at 74% rated Good². The Leeds

CCG's have been supportive of the model, but a definitive proposal has not yet been made.

- 4.4.6 The *Organisational Development & Care Officer post will sit within Organisation Development with the post holder reporting to both the Senior OD Business Partner and Care Quality Manager via matrix management. The post will work 3 days within OD and two days within the Care Quality Team. 60% of the funding for this post will come from the identified £200K Organisational Development budget.
- 4.4.7 Each job role has been through the Council's job evaluation process. The creation of the team was discussed briefly at Adults and Health JCC and union colleagues were also sent a copy of this report, EDCI report and job descriptions, and asked to comment. They were also given the opportunity to have a further meeting. No comments or requests were received.
- 4.4.8 The model provides some capacity within the £300K budget which can be used to support the team's responsibilities for improving care quality and/or for other elements of the One City project, such as from the quality improvement action plan.

4.5 Legal implications, access to information, and call-in

- 4.5.1 The One City Care Home Quality & Sustainability project has taken into consideration the Council's statutory duties and A&H's specific duties. This includes duties contained in The Care Act 2014 to meet the needs of those members of the community who require care services. The Care Quality Team will have a responsibility for delivering outcomes that adhere to these duties.
- 4.5.2 The Care Act 2014 places new duties on local authorities to facilitate and shape a diverse and sustainable older people's care home market. The Act is clear that local authorities have a responsibility to promote the wellbeing of the entire local population, not just those whose care they currently fund. In order to do this, local authorities need to move away from being an influence on the care market solely through their own purchasing decisions, and are now also required to shape the market proactively.
- 4.5.3 The Care Act requires councils to ensure there are enough high quality providers and services for people to choose from in their local area. This includes understanding the true costs of care, ensuring providers are paying care staff at least the national minimum wage and ensuring appropriate terms and conditions for staff, including dedicated training time, and working with providers to minimise the risk of unexpected failure. The legislation also requires councils to consider the impact of their own commissioning practices and not take any actions that could threaten the sustainability of the sector. The Care Quality Team will support delivery of these requirements.
- 4.5.4 This is a key decision and eligible for call in.

4.6 Risk management

² CQC Inspection Data, March 2017.

- 4.6.1 Risks and issues to the project are managed rigorously using the Council's project methodology. Risks associated with the creation of the team are detailed in *Appendix 4*.

5. Conclusions

- 5.1 To deliver the outputs of the One City Care Home Quality & Sustainability project, specifically the quality improvement action plan to address the issues affecting the quality of care delivered in the older people's care home sector; changes to the existing model of support to care homes are needed.
- 5.2 Engagement with stakeholders across the sector supports the recommendations made by the Director of Adults & Health in the report to ICE in November 2017, that a Care Quality Team, developed in line with good practise elsewhere, will provide the focus on that is needed to develop practise in relation to the quality of care delivered in care homes in Leeds.

6. Recommendations

- 6.1 That the Director of Adults & Health approves the primary business requirements of a Care Quality Team in order to deliver proactive, targeted, strength-based support to older people's care homes in Leeds. The overriding purpose of the team will be to improve quality of care, as measured against defined success criteria, such as the percentage of CQC Good rated care homes.
- 6.2 That the Director of Adults and Health approves the proposed staffing model for a Care Quality Team within the agreed budget of a recurrent spend of £300,000 per annum.
- 6.3 That the Director of Adults and Health approves the recurrent spend of the remainder of the recurrent £300,000 pa budget to support the development of other elements of the wider One City project, for example as identified within the quality improvement action plan.
- 6.4 That implementation will be by the Head of Commissioning (Contracts and Business Development), and Service Transformation, with support from other teams as appropriate, from mid-November 2017.

7. Background documents³

- 7.1 See Appendices.

³ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.