

## Health and Wellbeing Board

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**Date of Meeting:** 15<sup>th</sup> September 2015

**Report of:** Brenda Smith Director of Adult Social Care and Independent Living (Cheshire East Council)  
Sally Rogers Lead Nurse Community and Safeguarding/Registered Nurse, Governing Body Member (NHS Eastern Cheshire Clinical Commissioning Group)  
Judith Thorley, Chief Nurse and Director of Quality & safeguarding (NHS South Cheshire and NHS Vale Royal Clinical Commissioning Groups)

**Subject/Title:** Ensuring and Improving Quality and Choice in Residential and Nursing Home Provision.

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### 1 Report Summary

- 1.1 Cheshire East Council and the Eastern Cheshire and South Cheshire Clinical Commissioning Groups, all have an interest in and responsibility for people living in residential or nursing homes. Although the strategic priority is to support people to live independently for as long as possible, we know that there are approximately 3,500 older people living in residential or nursing homes in Cheshire East. It is anticipated that by 2030 this number will have increased to 5,500<sup>1</sup>. In addition there are about 250 people with learning disabilities receiving services in residential or nursing care, 91 of whom are in long term accommodation.
- 1.2 Ensuring that the available capacity and quality of provision is appropriate is therefore a concern for all parties. It is proposed that a task and finish group is established, under the auspices of the Health and Wellbeing Board, to review current provision and consider what might be required to ensure that it is fit for purpose in the future.

### 2 Recommendations

- 2.1 That the Health and Wellbeing Board support the proposal to establish a task and finish group to review residential and nursing home provision in Cheshire East, release capacity to contribute to the work of the Group and receive an update report in three months' time.

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<sup>1</sup> Cheshire East Council 'Vulnerable and Older People's Housing Strategy 2014'

### **3 Reasons for Recommendations**

- 3.1 To assure delivery of high quality, effective services, led by demand, needs and the desired outcomes of the people of Cheshire East.
- 3.2 To align existing single agency plans, reducing duplication, providing a clear vision for the future of care home provision.
- 3.3 To improve the robustness of contracts, setting clear expectations for continuous improvement of quality and safety, enabling partners to jointly hold Providers to account.
- 3.4 To enhance the joint scrutiny of providers and action plans.

### **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1 The 'Ageing Well' priority within the Health and Wellbeing Strategy is focussed upon enabling older people to live healthier and more active lives for longer. This includes when circumstances require them to move into a care environment. The outcomes of the task and finish group would help to ensure that people in care are kept healthy and active with a good quality of life for as long as possible.

### **5 Background and Options**

- 5.1 In May 2014 the Cheshire East Council Vulnerable and Older People's Housing Strategy was published. This identified the need to focus on the avoidance of admission to residential or nursing home accommodation and to help people live independently or in supported accommodation for as long as possible. This was both to reduce costs to the Council and Health service, but also to improve the quality of life of the people concerned, with permanent admission to residential or nursing care being seen as a temporary or final phase in their accommodation pathway, only when absolutely necessary.
- 5.2 However, the Strategy also identified that there were already some 3,500 older people living in residential or nursing homes and this figure was projected to rise over the next fifteen years to 5,500. Additionally 91 people with learning disabilities lived in residential or nursing homes with another 159 receiving services from such homes.
- 5.3 Many of the people living in these types of accommodation are paid for wholly or in part by the Local Authority or through the Clinical Commissioning Groups and there is a duty of care in relation to self funders. In addition the Council is

required to provide appropriate advice and guidance to people and their carers in relation to the accommodation provision available locally.

5.4 With these responsibilities it is necessary to ensure that the capacity and quality of care available in Cheshire East is appropriate and fit for purpose. There are a number of elements that might be considered:

- The purpose and function of care homes;
- The routes into care, how do people get there, are alternatives considered?
- The quality of care and ability to provide the increasingly complex levels of care required to meet individual needs (in particular in relation to dementia and fragility, behaviour that challenges and complex needs that might involve a range of issues);
- The skills and experience of staff, their training and development needs;
- The experience of the residents, are they empowered to live well, exercise choice and control and how are their voices heard?
- The holistic, person centred approach of the support offered/delivered by the care home;
- The apparent low levels of expectation from residents;
- The role of and support for carers/families;
- The outcomes that are delivered, are these defined and measured?
- The capacity (numbers of homes/beds, too much, too little);
- The high levels of agency staff use in the absence of stable recruitment;
- The high levels of attrition;
- The poor public perception of care homes and care home staff;
- End of life care;
- Costs and fees;
- The contractual arrangements;
- Workforce development, recruitment, profile, turnover, cultural transformation and effective leadership;
- The type of resident eg those with a learning disability; MND; acquired brain injury; younger person with long term condition

5.5 It is proposed that a joint task and finish group be established to review the residential and nursing care provision, to consider the adequacy of current arrangements and the requirements for the future. This would include the current commissioning arrangements, the impact of individual commissioning, and market management.

5.6 The Joint Strategic Needs assessment will be reviewed to determine what information it might provide to assist with the review.

5.7 The ongoing work being undertaken by Red Quadrant, to review the fair price of care and make recommendations for future costs, will also be considered.

- 5.8 It is envisaged that the Group would provide an initial report back in three months with a final report within six months making recommendations for the Health and Wellbeing Board's consideration.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

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