Improving Health
and Wellbeing for Walsall

Care Homes Market Commissioner Perspective

Walsall Council

NHS
Walsall Clinical Commissioning Group

Andy Rust

2003 - 2009

Assistant Director Commissioning

Adult Social Care

Shropshire and Cornwall Councils

2009 – 2016

Head of Joint Commissioning

Walsall NHS and Walsall Council

2016 –

Strategy lead for Urgent Care

Trends in the Market

1983 DHSS decision to meet full costs acts as stimulus to the market

1996 Total number of care home places peaked

1999 National Minimum Wage

2001 National Minimum Care Standards

2009 Geriatric and Mental Health NHS beds had reduced by 60% since 1987

2009 Financial austerity impacts on Councils

Social Care in Crisis?

- ADASS Budget Survey 2015: 5 years of funding reductions totalling £4.6 billion and representing 31% of real terms net budgets.
- More than 400,000 fewer people receiving adult social care services since 2009-10
- Fee rises not kept pace with cost pressures
- Quality Issues - CQC data 2015 : 8.7% inadequate 31.9% requiring improvement
- Workforce shortages and higher turnover – nurse shortages
- National Living Wage
- Continuing downward pressure on Council budgets not sustained by transfer from DH to Councils via BCF
- Self funding market under pressure from pensions reforms

Care Act 2014

- Market management duty from Care Act 2014 led to plethora of guidance for commissioners e.g. Outcomes Based Commissioning Self Assessments, Market Shaping Tool-Kit, etc
- Requirement to Issue Market Position Statements
- Lifetime cap on care costs and changes to means tests postponed to 2020

Market Position Statements
What Did We Say?

- We must plan for continuing downward pressure on Council budgets and Continuing Healthcare
- Council/CCG will stimulate extra care market further and support people with dementia to remain at home. Therefore, the overall number of residential care homes is expected to fall.
- Greater focus on reducing admissions to / delays in hospital will mean that nursing home placements continue at same level/increase, but more people will be end-of-life, and/or more with co-morbidities and very frail care needs, including dementia
- Lengths of stay may decrease such that nursing homes will experience higher turnover of residents.
- In this climate, care homes need robust plans to be resilient

Quality Improvement Programme

- Strategic co-ordination of different sources of intelligence – ‘attention radar’
- Active programme of suspension and restrictions in partnership with CQC
- Support for failing providers to safeguard welfare of the residents
- Quality assurance self assessment – quarterly
- CCG Investment in Community Matrons/GP medical cover – 60%+ reduction in conveyance

Framework Contract - Fees

- 2010 framework joint with CCG – avoids transactional duplication
- New Framework contract from April 2016 – still joint with CCG
- Fee level analysis – real costs of care and benchmarking – regional work on market fragility
- Market conversation to check interest and availability of placements under new contract
- Further analysis/engagement uncovered increasing level of placements from out of Borough => further increase to fee levels

Urgent Care - Set the Scene

- 30% rise in emergency admissions to hospital in last 4 years
- Unable to meet A&E wait targets and ‘Blocked beds’ - 90 to 120 patients clinically stable with average of 20% with LoS over 20 days – SAFER
- Step-down beds for patients where unsafe to return to own home only available in nursing homes
- Previous difficulties with step down in nursing homes led to attempt to step down on hospital site

Urgent Care – Next Steps

- Continue focused support from Community Matrons and GP medical cover to reduce transfers from care homes to hospital
- Improve end of life care and change expectations around hospital as favoured place of death
- Consider response to commissioners seeking to block or spot purchase step-up / step-down provision – and help to manage effectively
- 7 day working across the system to maintain flow of discharges in line with admissions

Working in Partnership

- Commissioners will continue to:
  - set realistic fee levels
  - minimise transactional bureaucracy
  - support quality improvement
  - conduct market engagement
- Providers will continue to:
  - make placements available at Council and CCG fee levels
  - improve quality and outcomes
  - work more closely within the urgent care system
  - support staff development and retention
- We together will continue to:
  - safeguard the welfare of residents and interests of families
  - lobby government over the fragility of the adult social care system in this country