

Overview of the Impact of Covid on the Care Home Market & Future Strategy

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Outline

- Market Position Statement (pre Covid plans)
- Impact of Covid on Market Sustainability
- System Strategic Planning & Governance
- Planned System Independent Sector Strategy Group & Finance Forum

Department of
Health and Wellbeing

Market Position Statement



April 2020

Market Position Statement (pre Covid plans)

Residential and nursing care

The number of people in residential and nursing care funded by the Council has continued to decrease with more people staying happy, healthy and at home.

- Health and Wellbeing's strategy, encourages older people to remain in their homes longer, accessing community led support and only entering into residential / nursing care homes at a later stage when they are likely to be frailer or have health issues that would require more intensive support which the community would not be able to offer.
- This is likely to impact on the type or level of support that people entering Care Homes need.

New residential and nursing care procurement

- In 2019 the Council and CCGs started a new residential and nursing care procurement. Further details can be found on YORtender.
- This will support service user choice under the Care Act and be flexible to include future commissioning opportunities and be accessible to providers. It will allow for new services to easily be included to do business with the Council, as demand requires.
- The tender will be out and implementation will begin in 2020.

WHAT COULD THIS MEAN FOR PROVIDERS IN BRADFORD?

- Reduced occupancy but opportunities to develop better skills and environments for people with more complex needs and dementia, working with health regarding availability spread and quality nursing care

Over the last 12 months (19/20) for Residential and Nursing care (all ages)

- There were **388 fewer people in nursing care** – a change of -15%
- There were **119 fewer people in residential care** – a change of -6.3%

Plans for R&N 2020 pre covid

- Based on last year's trends we expected to reduce the number of older people in permanent LA funded care by 99 over the course of 20/21
- The trajectory was based on the outturn of 1011 people in placements pre covid, however the actual number of people in placements had dropped to 940 in April as a result of the impact of covid.
- We expected to be down to 912 placements by April 21... but not all in one large shift

Impact of Covid on Market Sustainability

Data in the following slide is based on the below criteria:

- The care homes are externally provided and identified as being for Older People (65+)
- The care homes are using Capacity Tracker to report on their “maximum capacity”, “used beds” and “declared vacancies”
- Beds funded are those recorded on BMDC systems as being funded by BMDC, CCG or Joint funded by BMDC and CCG.
- Occupancy rate is calculated based on Used Beds as a percentage of Maximum Capacity as per Capacity Tracker.
- “Private funded” is the term used on the next slide to describe the beds not associated with funding from BMDC, CCG, or joint funding on BMDC systems

Month on Month Change:

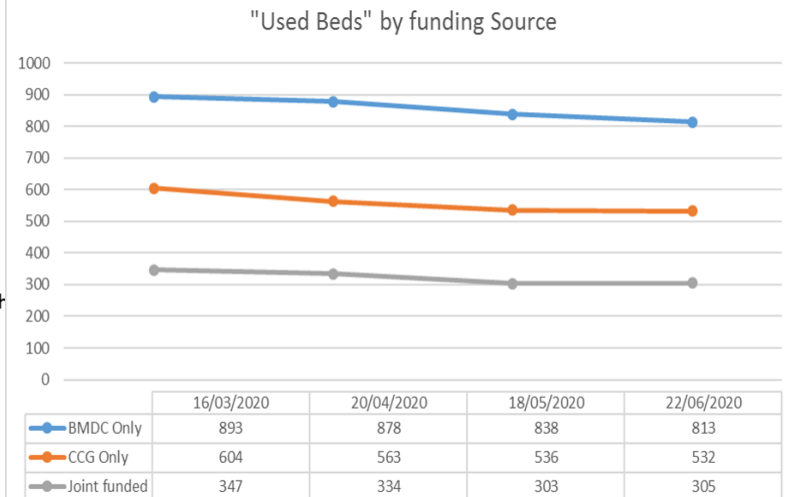
The total number of funded beds reduced from 1844 to 1650.

BMDC: 80 fewer funded beds at 22nd June compared with March 16th

CCG: 72 fewer funded beds at 22nd June compared with March 16th




Joint Funded: 42 fewer funded beds at 22nd June compared with March 16th

Overall reduction: 194 fewer funded beds



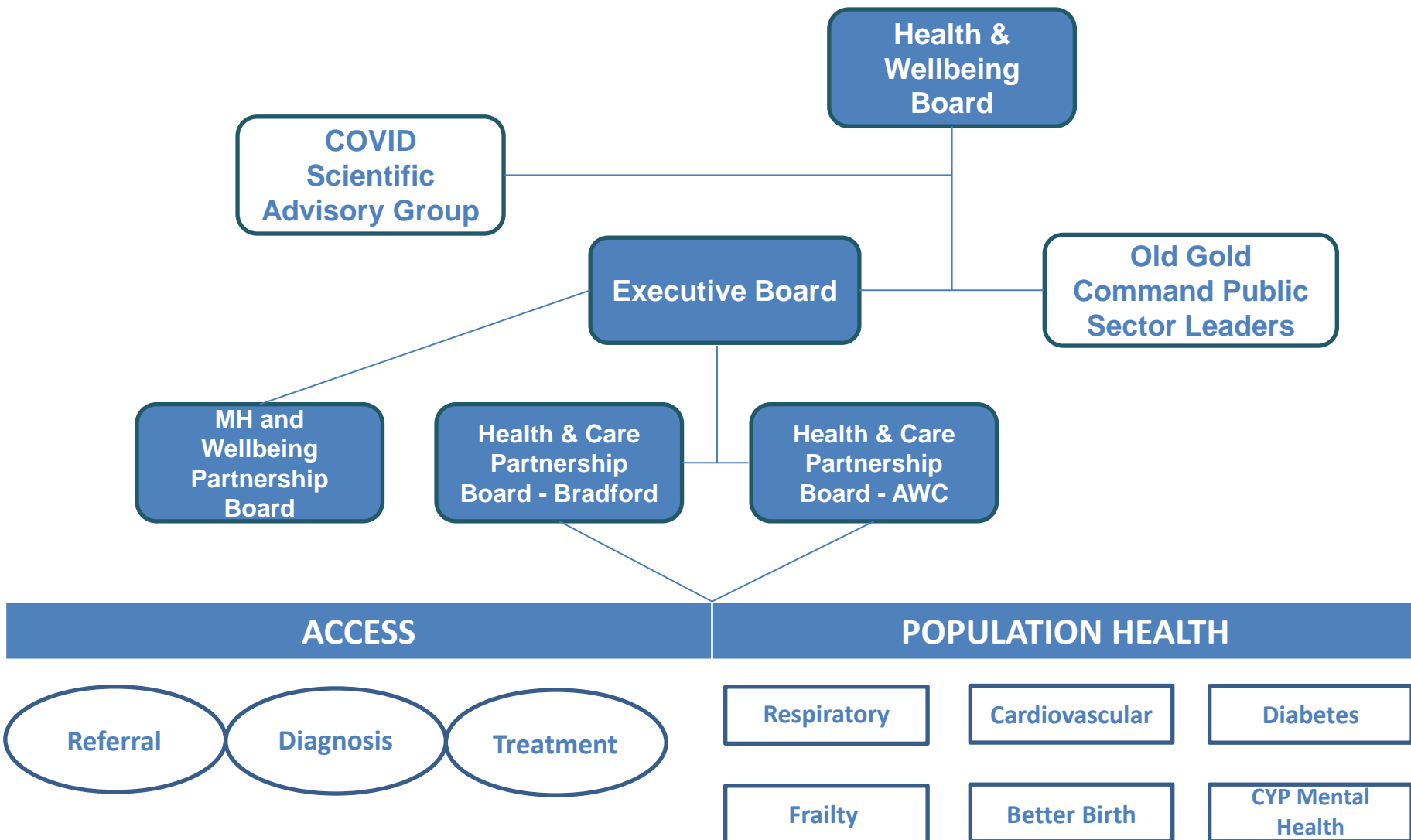
The maximum capacity for the homes reported on in this data is 3292 beds*. There are currently 2570 used beds, 1650 funded by BMDC, CCG or Joint Funded, 920 "private funded"

Current Occupancy Rate: The average occupancy rate across the homes is 78%.

-  The occupancy rate in 22 homes is below 70%
-  The occupancy rate in 32 homes is between 70-85%
-  The occupancy rate in 36 homes is over 85%

*5 homes are not reporting any occupancy data on the capacity tracker. 6 homes have not updated the tracker within the last 5 days.

Bradford District, Airedale, Wharfedale and Craven – Health and Care Partnership Programme ‘Act as One’ Governance



Care Resilience Plan

V4 4th December 2019

Care Home and Home Care Sector. Strategy; Quality Improvement and Risks. HCPB Assurance Flow Chart – for agreement

Please note: LA safeguarding functions and governance are not referred to in this flowchart - there is a significant level of statutory activity and oversight which takes primacy over the approaches referred to here

New: Strategic System Approach: LA Director of Commissioning- Lead and make recommendations to establish new strategy group. Responsible for strategy development and oversight of delivery. New approach to integrated contract for Bradford & District (in development)

Out of Hospital Programme Board (Bradford) Delivery oversight role – Locality roles to be determined. (Subject to system programme review)

AWC Locality Group. Delivery oversight role.

Tactical: Multi Agency: Cross Organisation Group (COG) in BAW & Collective Care in Craven/NYCC Intelligence Led; soft and hard intelligence including escalation / de-escalation to safeguarding procedures of concerns reported by professionals. Includes LD. Own and manage tactical risks. Groups assess data and intelligence and delegate appropriately for action and/or escalate to system quality group. Support delivery of strategy
 NB: LA duty to step in if failing
 NB: CQC: market oversight role
Tactical Risk Owners:

Tactical: Service Improvement Board (SIB) led by LA (Bradford and District) Attended by representatives from Providers, CCG & BMDC. Focus on understanding the care home market and impact of statutory and local strategic and operational changes. Identification of operational barriers and co-developing shared approach to service improvements. Guests are invited to share information on service interfaces to improve working practice. Opportunities for joint protocols and systems are sought to support sector wide improvement. Opportunity to provide governance in operationalising development of sector action plan / review under new contract



Formal System Governance Arrangements

System Quality Group
Strategic Risk Owner:
 Oversight & Strategic Risks

Health and Care Partnership Board x 2 (HCPB)

Integration and Change Board (ICB)

Health and Wellbeing Board x 2 (HWB)

System enabling programmes to include CH/HC focus: eg workforce in particular

Workforce	Digital
Estates	PHM

Quality Improvement Support

BMDC Contract & Quality Assurance team lead visits, investigation of complaints, and enhanced support to providers where risks are identified. CCG Quality support for visits Nursing Homes where required. Bradford Care Association support offer upon request. Respective CP: Wrap around support (incl DES specs) through EHCH. Embed improvement **Empowered**

New: Rapid Quality Improvement Support. Test in AWC 20/21. Integrated team approach; diagnose and support development & implementation of action plans. (Resourced through system offer including former QICH schemes). Time limited intervention

Quality Improvement Plans

(Reactive) As a result of Safeguarding or contract monitoring activity, or where required by CQC: Provider supported to develop improvement plan (**New:** with input from Contract Team, COG partners or 'Rapid Quality Improvement Support' & respective CP where agreed as part of COG)

(Pro-active) New Population Health Management (PHM) approach. Where indicated as a result of assessment & intelligence received, before any formal intervention provider encouraged to develop improvement plan (with input from 'Rapid Quality Improvement Support' in AWC & respective CP where required)

Study improvements realised NB: Contract & Quality team (Bfd) and Quality Unit (NYCC) regularly review intelligence & baseline assessments. Improvements monitored via PoC & CC

Provider Alliance role in collective planning as a system. 'Permissions' and unblocking (Decision making role)

Planned System Independent Sector Strategy Group & Finance Forum

- Partnership and system approach
- BCA represented at the Exec and HCPBs
- System Independent Sector Strategy Group to be convened
- Commitment to re establishing the 'cost of care forum'

What do we think is needed for the future?

- Good quality provision
- Trend of higher intensity needs continuing
- Complex dementia care
- Nursing care – ?new models that take account of recruitment and retention challenges
- Technology enabled
- Place based/ locality/ community partnership focus
- More Home Support & Extra Care
- Strong links between NHS, LA and Independent Sector