Executive Summary

In May 2011, the Joint Commissioning Board agreed to; ‘Work(ing) with the care home sector to ensure the provision of high quality services delivering better outcomes to individuals’ as one of the focused initiatives for investment of the NHS Support for Social Care Funding.’ Subsequently business cases have been developed which, subject to agreement, will develop the joint health and social care approach to quality and performance in care homes including those delivering nursing care, focusing on two areas: Contract Management and Clinical Support and Development.

The proposals for Contract Management include resource to monitor, review and manage the performance of care homes and care homes with nursing, a review of the current Contract for Care Homes Services, the development of incentives for service providers, and facilitation of peer review amongst services. The implementation of the contract management proposals will include developing an approach to how services are reviewed, when they are reviewed, and how the County Council utilise intelligence collected from a range of sources.

The clinical support and development proposals include community nursing resource to provide clinical leadership, training and support to care homes and care homes with nursing, end of life resource, development of the GP nursing home Locally Enhanced Service in Coastal West Sussex, and pharmacy support and review in North West Sussex.

The cost of the proposals for 2011/12 and 2012/13 is £688,000 (outlined in section 7), which is proposed to be met from the NHS Support for Social Care Funding. Ongoing costs for 2013/14 onwards are projected to be approximately £386,000 per annum, which depending on the success of the initiatives will be funded from the benefits realised, for which an estimated target of £467,000 in savings in health and social care have been set.

Recommendation

The Cabinet Member is recommended:

1. To endorse the approach to monitoring and managing Quality and performance in Care Homes and Care homes with nursing.

2. Subject to workforce change process approval, to recruit three full time equivalent posts within the County Council to manage and monitor care home quality and performance across West Sussex.
3. To invest NHS Support for Social Care Funding in the initiatives to meet the costs of the proposals across West Sussex in 2011/12 and 2012/13.

1. **Introduction**

1.1 The seven key principles within the Department of Health paper; ‘A Vision for Adult Social Care, Capable Communities’ include Prevention, Personalisation, Partnership, Plurality, Protection, Productivity, and People. These key principles are important when considering the commissioning of services and also the quality monitoring of existing services. One of the key principles, which relates to this report is protection, and the vision states that “Providers and commissioners of services are responsible for their quality and safety. They should ensure their staff provide safe, high quality care.”

1.2 In October 2009 the Care Quality Commission (CQC) undertook an inspection of Adults Social Care, and one of the findings noted in the report was that:

“Residential care contract monitoring was not sufficiently focused on outcomes for individuals, or for a range of quality aspects of services. The quality monitoring of residential services relied largely on the scheduled annual reviews of individual people using services. The Council did work with providers to improve services in response to specific concerns, for example taking action to support improvements in the performance of a poorly rated care home.”

1.3 In October 2010, the Care Quality Commission changed the way in which it regulates services. CQC continue to register services and check compliance against the essential standards using a range of information, but in 2010/11 the number of inspections visits nationally reduced.

1.4 The Joint Strategic Needs analysis shows that there is expected to be a 69% increase in the 85+ age group between 2001 and 2026, alongside a population increase of 14%.

1.5 It is recognised that a strategic approach to commissioning quality nursing and care home services which provide better outcomes for individuals is required. By developing this strategic approach and working with providers to improve the quality of services, the outcome will enable better outcomes for individuals.

2. **Development of the Proposals and Approach**

2.1 In May 2011, the Joint Commissioning Board agreed; ‘Work(ing) with the care home sector to ensure the provision of high quality services delivering better outcomes to individuals’ as the focus for investment of the NHS Support for Social Care Funding.’ Following this, the Joint Commissioning Unit has been developing business cases for North West Sussex and Coastal West Sussex alongside the Clinical Commissioning Groups, to ensure quality and performance in care homes and care homes with nursing. The joint health and social care approach that is to
be presented focuses on two areas: Contract Management and Clinical Support and Development, which are outlined below.

2.2 The proposals are to implement the majority of the initiatives in 2012/13, and during this year, to consider the outcomes, the sustainability and potential for further development, particularly in relation to urgent care and frail elderly plans being developed in the clinical commissioning groups.

2.3 The two areas for which proposals are put forward are; contractual management of quality and performance and clinical support and development of care homes and care homes with nursing. The former area will enable the monitoring and review of services against a clear and robust contractual performance framework. The latter area will enable initiatives to be commenced and developed, which are transitional and intended to act as system enablers for Clinical Commissioning Groups plans and developments around frail elderly services and Pro Active Care.

3 Contract Management

3.1 Contract monitoring is an essential element of holding contracts with providers of service and its contribution includes:
   • An ability to identify and correct poor performance,
   • An ability to identify and share examples of good performance,
   • Supporting quality outcomes for users of services,
   • Helping to build and maintain positive relationships with providers,
   • Ensuring best value for money.

3.2 The proposals will enable the proactive monitoring and management of contracted care homes for older people, including those providing nursing care, and include the following:

3.2.1 Three full time equivalent county-wide posts to monitor, review and manage the performance of care homes and care homes with nursing, working with health and social care colleagues to ensure that providers are supported to improve the quality of their services.

3.2.2 A review of the current Contract for Care Home Services to incorporate Key Performance Indicators which could be used to effectively manage services performance against the contract.

3.2.3 The development of proposals to incentivise providers to improve the quality of their services further.

3.2.4 Work with providers to develop and facilitate peer reviews, to enable service providers to support each other and share good practice.

3.3 The integrated approach to monitoring and review will consider information from a range of sources, including feedback from the community, carers, customers and families. It will also seek to engage with the Local Improvement Network and the forthcoming HealthWatch
service anticipated to be developed locally in April 2013, as well as other health and social care professionals.

4 Clinical Support and Development

4.1 The proposals for clinical support and development have been developed alongside our Clinical Commissioning Group colleagues. They will enable support, advice and training directly to care and nursing homes on areas of nursing practice and end of life care, and will work closely with the contract management resource, to support the services development, provide advice and guidance and develop best practice within community residential care services. The proposals include:

4.2 Community nurse resource across the county to provide clinical leadership, training and support to care homes to encourage them to provide high quality care to residents with complex needs and those approaching the end of life.

4.3 End Of Life Care coordinator resource delivering specific training around End of Life and Advanced Care Planning

4.4 In addition, to reflect the local differences and the plans of the respective clinical commissioning groups, the following proposals are put forward for Coastal West Sussex and North West Sussex.

4.5 In Coastal West Sussex, the clinical support and development include investment into the GP Locally Enhanced Service which recognises the additional time required for GPs to support residents in nursing homes, and enables a clinical medication review as well as input into care planning, addressing key risk factors for the individual, inputting into patients notes and advanced care planning for individuals nearing end of life. It will also enable investment into end of life support. It is anticipated that this element of work will prompt future discussions and considerations regarding primary care services to residents of care homes and care homes with nursing.

4.6 In North West Sussex, the clinical support and development includes pharmacy support to undertake clinical medication reviews and address common efficiency and safety issues as part of the process of medicines management within the care home services.

5. Consultation

5.1 In Coastal West Sussex a stakeholder workshop was held in August 2011, listening to providers about the challenges they face, considering how care homes and nursing homes can help improve residents experience at end of life and to present the initial proposals. Representation at the event included, the Joint Commissioning Unit, Coastal West Sussex Federation, Sussex Community Trust, Sussex Partnership NHS Foundation Trust, NHS West Sussex, Harmoni, LINk, Independent Sector Providers and a Customer representative.
5.2 In September 2011, a joint event was held by the North West Sussex Commissioning Association and the Joint Commissioning Unit, to provide an opportunity to develop high level principles for commissioning services for frail older people in Mid Sussex.

5.3 Further consultation has been undertaken with clinical commissioning groups around the proposals and the Joint Commissioning Management Group (JCMG) approved the paper up to the values indicated, and on the understanding that ongoing costs will be met from the benefits realised. The approach has also been discussed and endorsed by Adults’ Services Select Committee, which requested that concerns were noted around the quality of end of life care, and plans for the performance management. These elements will be carefully considered in the implementation plan and service specifications.

5.4 Following agreement of the approach, consultation will be undertaken with providers regarding the development of proposals for incentives to services providers, and communicating the approach to monitoring and review and the proposals for support and development.

6. Customer Focus Appraisal

6.1 A Customer Focus Appraisal has been undertaken and is attached as an Appendix to this report.

6.2 The Customer Focus Appraisal considers the effect on people who reside in care homes and care homes with nursing, and the providers of services. The effect is anticipated to be positive in that it will provide support and advice to develop and improve quality of services which will benefit residents. As part of reviewing services, there will be a requirement for information to be collected and visits to be undertaken, and hence consultation with independent sector providers and through the West Sussex Forum will be undertaken around this. Part of the actions resulting from the Customer Focus Appraisal will be to ensure that the approach developed includes consideration regarding how customers and their families can be involved in the review of services.

7. Resource Implications and Value for Money

7.1 As agreed by the Joint Commissioning Board in May 2011 and outlined in the Adults’ Services Select Committee report in July 2011 the approach around ensuring high quality services delivering better outcomes to individuals will form part of the transformational initiatives which will be the focus of a proportion of the non recurring NHS Support for Social Care Funding.

7.2 The anticipated costs for the proposals identified in sections 3 and 4, are included in the table below. The 2011/12 and 2012/13 costs are proposed to be funded through the NHS Support for Social Care Fund. The anticipated costs for phase 2 (2013/14) reflect the anticipation that some costs will not be recurring. JCMG have agreed spend on the basis that the benefits will meet the ongoing costs and it is anticipated that further discussions regarding the funding for 2013/14 will be undertaken
during 2012/13 and are dependent on the effectiveness and performance of the initiatives.

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Phase 1</th>
<th>Anticipated costs for Phase 2 (for elements sustained)</th>
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<tbody>
<tr>
<td></td>
<td>Cost 2011/12</td>
<td>Cost 2012/13</td>
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<tr>
<td>Contract Management Proposals, including:</td>
<td>30,000</td>
<td>£255,000</td>
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<tr>
<td>o Quality and Performance monitoring resource</td>
<td></td>
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<tr>
<td>o Review of existing Care Home Contracts and developing key performance indicators.</td>
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<td>o Development of potential Quality Standard Rating and Incentives for providers.</td>
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<tr>
<td>o Facilitation of peer review.</td>
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<tr>
<td>Clinical Support and Development proposals including:</td>
<td>50,000</td>
<td>353,000</td>
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<tr>
<td>o Community nurses providing clinical leadership, training and support to care homes</td>
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<td></td>
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<tr>
<td>o Additional End of Life Care Coordinator support and training materials</td>
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<tr>
<td>o End of Life Register programme costs (Coastal West Sussex only)</td>
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<td>o Nursing Home GP Locally Enhanced Service (Coastal West Sussex only)</td>
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<tr>
<td>o Pharmacy Support and Review (North West Sussex only)</td>
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<tr>
<td>Total Costs</td>
<td>£80,000</td>
<td>£608,000</td>
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</table>

7.3 The developments are anticipated to provide efficiencies across health and social care, including a reduction in admissions to hospital, and attendances at accident and emergency along with the associated ambulance calls, and improvements in quality and performance which may increase the numbers of people over the age of 65 living in a care home or care home with nursing kept safe.

7.4 Target efficiencies in the areas highlighted across West Sussex equate to a gross annual estimate of approximately £467k in efficiencies in health
and social care, over 90% of which relates to health. These are not expected to result in direct savings in 2012/13 as they are, in the main, efficiencies within existing fixed contractual arrangements. However, the performance against these targets can be used in the future consideration of contract requirements and direction of resources into existing contracts to enable the savings to be realised.

7.5 Performance metrics are being developed in order to evaluate the outcomes in each of the areas in paragraph 7.3 above. In addition to the potential financial efficiencies, it is anticipated that the developments will have a qualitative impact which will also be evaluated, in terms of the quality of service, the quality of life of residents, and the improvement in partnership working across health, social care and provider services.

8. **Risk Management Implications**

8.1 The first area of risk identified is that the proposals outlined, to invest NHS Support for Social Care funding are not agreed, impacting on implementation of proposals and continuation of the current position of reactive monitoring. In order to mitigate this risk, proposals have been consulted upon and information around current position, costs and potential efficiencies have been presented to clinical commissioning groups, JCMG, and Adults Services Select Committee to enable the approach to be approved.

8.2 A further identified risk is the failure to identify resources to sustain required elements of the proposals. If some elements of the proposals are not able to be sustained beyond the use of the NHS Support for Social Care Funding this will impact on the future monitoring of services and delivery of objectives. To mitigate this risk mitigation potential efficiencies have been identified across health and social care, and performance metrics are being developed to enable the performance and effectiveness of the initiatives to be reported on a quarterly basis to JCMG. This is anticipated to include information relating to service activity and progress, qualitative information on outcomes and quantitative data.

8.3 A third risk is around ensuring that changes to the contract can be implemented. Further consultation with the West Sussex Forum and Independent Sector providers to inform the development of key performance information is planned to ensure they are involved in changes to the contract prior to implementation. Part of the proposals involve looking at incentives for providers which may also help to ensure that providers feel engaged and supported during any potential changes.

8.4 The proposals include the additional resource to monitor quality and performance, which are imperative to the successful delivery of the approach. Options have been considered about where these positions could be recruited from, and the conclusion has been that these would be best placed within the Joint Commissioning Unit or Adults Services to utilise the expertise of these directorates. The risk of not receiving approval to recruit is that the positions may not be able to be delivered, which affects the whole approach.
The approach proposes utilising NHS Support for Social Care funding for the first year. The risk beyond this year is that the initiative requires health resource as well as County Council support to maintain the initiatives in the longer term. To manage this risk, JCMG agreed the initiatives on the basis that the costs after year one are met through the efficiencies realised. It is also anticipated that, as the performance of the initiatives are evaluated, further discussions will be held around the specific funding required to fund the initiatives.

Finally, a risk which should be considered in advance, is that anticipated target efficiencies are not met. In order to manage this risk, regular assessment and evaluation of the impact of the initiatives will be undertaken and fed back to relevant clinical commissioning groups and JCMG. We will also look at the performance information collated to see where the initiatives are having an impact and develop options for sustaining elements where proposals have proved to deliver efficiencies.

9. **Crime and Disorder Act Implications**

   Not applicable

10. **Human Rights Act and Equality Act Implications**

   Not applicable

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**Appendix**

Customer Focus Appraisal