

REPORT TO:	Health and Social Care Scrutiny Sub Committee 8 November 2016
AGENDA ITEM:	6
SUBJECT:	Adult Social Care: Overview of the Care Home Market in Croydon
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CABINET MEMBER:	Cllr Louisa Woodley, Cabinet Member for Families, Health & Social Care
WARDS:	ALL

1. Introduction

The purpose of this report is to provide the Health, Social Care and Scrutiny Sub Committee an overview of the current state of the care home market in Croydon. In particular, to give assurance that currently we have an adequate supply of a variety of high quality care home beds in different types of homes to meet the needs of Croydon residents across all care groups. However, this may not be sustainable in the future, hence, in addition, the report will look at the affordability and sustainability of the Croydon care home market

In previous years Adult Social Care has presented this report to the Health, Social Care and Scrutiny Sub Committee and has generally been able to assure continued market supply. However this year (2016/17), the situation has changed and the care market both nationally and locally has a number of challenges. Nationally the social care market is in crisis, with expert bodies such as the CQC and the King's Fund stating that the market has reached a tipping point. These reports point out that years of austerity coupled with increasing demand and rising costs related to the work force has left the care market fragile and at risk. This report in section 3 contains more detail on the local effects of these challenges and what we are doing locally to mitigate and manage these issues.

This report is in 3 sections

- CQC data on the quality of the market
- Safeguarding data and explanation of current issues and challenges in managing safeguarding within the market
- Market Management including current market state

2. The Care Quality Commission: Inspection summary of care homes.

2.1 The Care Quality Commission (CQC) has responsibility for the regulation of regulated care services, including residential care and nursing homes as well as domiciliary care. The CQC also has wider responsibilities for the regulation of health providers including hospitals, GPs and dentists.

From April 2014 the CQC has implemented a new system of rating care homes and hospitals based around 5 key questions about a service:

- Is it safe?
- Is it doing what it should be doing?
- Is it caring?
- Does it change to meet people's needs?
- Is it well led?

The CQC operate a four-point rating scale for ratings: Outstanding; Good; Requires improvement; Inadequate.

These outcomes replace the earlier assessments which judged providers to be compliant or non-compliant.

2.2 CQC Market Summary:

Croydon Council has the largest provider market in the country. Using information shared by the CQC the market can be summarised as following:

Active Service Locations:

- 104 Care Home Services without nursing (1560 beds)
- 78 Domiciliary Agencies (1193 beds)
- 35 Nursing Homes
- 24 Supported Living sites
- 4 Rehabilitation Services
- 4 Community Health Services
- 3 Extra Care Housing Services
- 2 Community Based Services for adults with a learning disability
- 1 Shared Lives service
- 1 Community Health Care Service
- 1 Community Base Service for adults with mental health needs

In total there are 228 locations on Croydon for the CQC to inspect.

2.3 Inspection Outcomes:

The following is a breakdown of the inspection outcomes as of June 2016:

Outstanding	1
Good	128
Requires Improvement	23
Inadequate	0

At present Croydon has no services rated as “Inadequate”. Croydon has only one service rated as “Outstanding” and this is the Shared Lives service which is operated by Croydon Council.

As such the vast majority of services are either rated as Good or rated as “Requires Improvement”.

In SW London, in comparison to other London regions, CQC report that they have no enforcements and particularly praise the collaborative work with Croydon Council’s safeguarding and contract monitoring team as a reason for this. The Council’s Care Support Team provides targeted support and training for homes on a reactive basis (e.g. falls management; skin viability care, medication management) and care providers in Croydon also have access to a comprehensive training programme commissioned by our learning and development service.

2.4 Additional actions to augment inspection outcomes

The above indicates that around 10% of the market comes to the attention from CQC inspections alone. All relevant officers have access to weekly CQC reports (Commissioning, Quality, the CCG safeguarding team and Croydon Safeguarding) and as such they are able to see the CQC results as they are published.

In addition to this the CQC and the above officers meet every fortnight. One meeting is a CQC team meeting where services are discussed to ensure effective communication.

To further add to this the Intelligence Sharing Committee (ISC: Sub Committee of the Croydon Adult Safeguarding Board) meets monthly (this is an increased frequency from previous years). The purpose of this is to bring together relevant colleagues to further share information that is of concern, examples of good practice and general information sharing. The attendees to this include:

- SLAM (Care Home intervention team & Safeguarding)
- Croydon Health Services
- Continuing Health Care
- Clinical Commissioning Group
- Croydon Council (Care Support Team, Safeguarding, Professional Standards, The Learning Disability health Team, Commissioning)

The ISC sets out actions for officers to take forward to help the providers to address issues and these are monitored and brought back the following month for a review of the actions. Most providers appreciate being approached and work with the above teams in a collegiate manner and in a spirit of the teams helping the service to improve as a ‘critical friend’, as opposed to being defensive and declining external assistance.

3. Current issues and challenges in managing safeguarding within the market

3.1 Around 25% of all adult safeguarding cases stem from a care setting. The most significant category of abuse in this setting is “neglect”. This puts a considerable amount of pressure on our safeguarding resources as, even though we may not

have any residents placed in a particular Croydon care home, we have the lead responsibility for undertaking our duties under the Care Act as the lead agency.

3.2 If a service has significant quality and safeguarding concerns then the Provider Concerns Protocol is enacted (eight services have been through this process since its inception in April this year). Largely speaking this has been a successful exercise in helping services turn around and improve quality and safety for the service users.

3.3 We regularly take a report to the Adults Social Services Review Panel (ASSRP) which gives information and updates regarding those Croydon care homes (both residential and nursing) as well as domiciliary services currently being monitored through the Provider Concerns Protocol. These services may have been brought to our attention through a safeguarding alert (which may have led to a full Section 42 Enquiry)¹ or through the Intelligence Sharing Committee (a Subcommittee of the Safeguarding Adults Board). Some services are supported by the Care Support Team. A concern may be linked to a poor CQC report or due to a serious incident(s) occurring within the establishment. A persistent level of safeguarding concerns may also result in reporting to ASSRP. On occasions we also consider, through the provider concerns process, whether we should place a placement suspension with a particular service/provider. This decision will be made through unannounced monitoring visits and strategy meetings. If this decision is made, the provider is notified and we also notify the ADASS London branch members. The safeguarding team work with the provider to produce an improvement plan and monitor the provider until such time when the suspension can be lifted.

4. Market State and Market Management

4.1 As stated in the introduction to this report the social care market nationally is facing numerous and severe challenges. Below are 2 links to statements which detail the extent of this².

Another key indicator of crisis is that NHS England is reporting the highest levels of delayed transfers of care (DToC) since they began collecting this indicator in the mid 2000s. Waiting times in A and E are also at record highs

1 Legislation underpinning safeguarding activities includes the Care Act, The Mental Capacity Act & the Human Rights Act.

2 <http://www.cqc.org.uk/content/adult-social-care-approaching-tipping-point>
<https://www.adass.org.uk/adass-budget-survey-2016-key-messages>

The national picture is very much reflected locally. Local providers are reporting extreme pressure which puts them at risk of closure. There are many reasons for this as detailed above but the main short term risk is the cost increase of the National and London Living Wage. This may also have been exacerbated by the EU referendum result and concerns about workforce supply in the future following exit from the European Union. Inflationary pressures (not just from Brexit) will also be of medium term concern.

Croydon does have a large supply of beds and the Council only commissions about 30% with other borough, CCGs and self funders making up the rest. Being a net importer has always caused a resource and management pressure for the Council. Therefore it may be considered that a reduction in supply will actually benefit Adult Social Care (ASC). That would be the case except for 2 main reasons:

- Reduction in supply increases cost for the Council as it reduces competition
- The market fragility is not causing a uniform reduction in supply and in fact it is in certain types of provision most under pressure that we have seen most reduction. For example, we are chronically short of nursing home beds and are running out of dementia residential placements at prices we can afford.

However the Council does have a couple of advantages over other Local Authorities in being able to deal with these issues:

- Outcome Based Commissioning: The main message that this crisis signals is that we can no longer provide health and social care in the way that we have done in the past. Croydon Council and its partners recognised this some years ago when the idea of a more integrated approach to health and care for over 65's based around outcomes was mooted. The design of the alliance model is well advanced and implementation is due in 2017/18. The reasons OBC can lead to a more sustainable market are: the economies of scale in procuring care across the alliance, the ability to absorb pressure in different parts of the system by offsetting it through risk share, new models of care at the very heart of OBC will be designed to access more sustainable care delivery methods which build on the communities own assets, and a more comprehensive health and care market management model will be delivered by the alliance. Additionally, investment to provide stability in the care market has also been modelled into the SWL Sustainability and Transformation Plan.
- Contract management: Recent activity and development in the management of purchasing and contracts for older people have produced very encouraging results. There is more efficient use of block contracts, a commercial approach to purchasing, and through being based in the Strategy, Communities and Commissioning Division has enabled the bringing together of staff involved in different parts of the process for a more consolidated contract management function. We have seen significant improvement in performance for our major providers and cost containment in the purchasing side of adult social care.
- Market management: The Care Act 2014 places duties on local authorities to facilitate and shape a diverse and sustainable market. The London Borough

of Croydon has a good understanding of its care home market, having undertaken extensive research, which led to the 'Care home market analysis and benchmarking report' in December 2015.

This provides key market messages, extensive information broken down by service user group, provider size and comparative benchmarking information with the wider London care market. Additionally we produce an annual 'Market Position Statement', which brings together data from the Joint Strategic Needs Analysis (JSNA), commissioning strategies, and market and customer surveys into a single document available to existing and potential service providers.

Quarterly provider forums, organised by service user group or type of provision, are also facilitated and hosted by Croydon Council, which allow for engaging with existing and potential providers through part of the agenda relating to 'how to do business in Croydon' as well as section relating to specific quality concerns e.g. at the most recent Learning Disability provider forum organised by the disability commissioning service we worked with providers about lessons from recent safeguarding learning about the use of mobile phones in care settings.

The aforementioned Intelligence Sharing Committee (ISC: Sub Committee of the Croydon Adult Safeguarding Board) meets regularly and brings together relevant colleagues from safeguarding, operational services, commissioning, contracting and health teams to further share information that is of concern, examples of good practice and general information sharing. Information received from contract monitoring visits and care practitioner visits is collected and discussed here concerning emerging provider issues and quality matters.

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BACKGROUND DOCUMENTS:

None