

Report of the Assistant Director – Joint Commissioning

**Commissioning update on the care market, and capacity requirements
for the coming period**

Summary

1. This report is to provide a commissioning overview of the care market in York, with a particular focus on the needs of older people; and to describe our approach to the challenges of the next few months.
2. There are no specific recommendations for members of the committee.

Background

Commissioning and the care market

3. In the past members of the committee have received six monthly monitoring reports from the Head of Commissioning on the care standards in residential, nursing and domiciliary care services. These reports were deferred during 2020 due to the pandemic. They highlighted the close working between the adult social care commissioning and contracts team and partners in the Vale of York Clinical Commissioning Group (CCG) and Care Quality Commission (CQC). These reports will continue once we reach the appropriate stage in system recovery.
4. The latest CQC ratings show that 74% of residential and nursing home settings are good, with 8.6% outstanding, and 17.1% require improvement. For community settings, including supported living, 77.8% are rated as good, with 3.7% outstanding; 14.8% require improvement and 3.7% inadequate.
5. Our care system is made up from a complex network of partners working together to ensure the right range of services are available when people need them, from easy and equal access to universal

services in an inclusive community which enable people to live as independently as possible, to highly specialised and personalised care and support for individuals or groups with similar needs.

6. The role of commissioning is to develop partnership relationships and create the conditions for local people to achieve good outcomes, in the context of available resources and regulatory requirements. It is a strategic leadership responsibility, focused on whole system working, rather than a purely transactional activity of purchasing services.
7. The Council Plan 2019-23 and Health and Wellbeing Strategy 2017-22 focus on the outcome: Every resident enjoys the best possible health and wellbeing throughout their life. There is a crucial emphasis on prevention and mobilising assets in communities.
8. When planning care and support for those who need it our principle is 'Home First', meaning people will be supported to live as independently as possible, in their own homes for as long as possible. Members will recall previous reports on the survey of older people in York about their aspirations and expectations for the type of accommodation they will require in the future. This has informed our long term planning, for example in relation to older people's accommodation and independent living.
9. Increasingly we are striving to maximise the role of technology to support people to remain in their own homes, and connecting people up to their local communities to tackle isolation and loneliness.
10. Adult social care in York has successfully reduced the number of new admissions to care in 2019-20, especially for older people being discharged from hospital, shifting resources towards support for people in their own homes.
11. These significant changes in approach are underpinned by our strategic commissioning actions.

Market Shaping

12. The Care Act 2014 enshrined in law the responsibility of local authorities for 'market shaping' in their area. The guidance describes it:

“The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support”

Care and Support Statutory Guidance, Section 4.2

13. Published in April 2018, *Integrated Commissioning for Better Outcomes – a commissioning framework*, (LGA and NHS Clinical Commissioners, 2018) (ICBO) builds on the 2015 LGA publication, *Commissioning for Better Outcomes: a route map*. Its third domain is ‘shaping provision and support’.
14. ICBO concludes its domain on Market Shaping as follows:

‘Market shaping is a complex activity, requiring the development of strong and diverse relationships and the ability to work across a wide range of settings. There is a robust value base around co-production and collaboration and clear strategic leadership is critical for the possibility of success.’ (ICBO, p38).
15. Only local authorities have a statutory duty to shape the market, as set out in the Care Act 2014. However, many stakeholders influence and engage the market, and contribute to its development.
16. Commissioners meet regularly with representatives of the care sector and individual providers to discuss current issues and challenges, as well as the future direction for services. The council publishes a Market Position Statement, however the most recent edition was completed in 2017, and a refreshed edition was in the process of being coproduced with the sector in 2019, for publication in 2020. It was postponed due to the pandemic, and will now be further developed in 2021.

The diagram below presents a summary of market shapers across the local authority area. Specific ways these people or organisation can shape care outlined below.

Figure 4: Market shapers



What is Market Shaping? (IPC, July 2016, p10)

The cost of care in York

17. The care market in the city is influenced by the high proportion of older people who fund their own residential and nursing care – around 65% to 70%. This has been combined with very high occupancy levels of around 98% to lead to rising fee levels in many homes.
18. The council sets a standard, weekly fee rate for its placements, known as the Agreed Cost of Care (ACOC) with higher costs by exception. The current weekly rates for older people’s care are:

Residential care	540.04
Residential Dementia care	581.03
Nursing care (including Funded Nursing Care, FNC)	743.31
Nursing Dementia care (including FNC)	792.51

19. However, few homes accept council placements at these rates in practice. We have jointly commissioned (with Independent Care Group, VOY CCG, NYCC), an independent exercise to update the ACOC model. The work was interrupted by the pandemic and the report was delayed. We are now at the stage of considering its findings and the implications of the changed circumstances linked to COVID-19.

Capacity and Demand

20. In 2019 we commissioned Venn Consulting Ltd to undertake their capacity and demand exercise in the York system, to better understand the pathways relating to urgent and unplanned care. The key findings from the exercise are summarised in the illustrations below, from Venn's presentation.

A Comparative View

Community Physical and Mental Health



- Comparatively 'strong' position
- No system has a net positive position (more capacity than required)

'Front Door'



- Proportion of walk-ins high
- 24% of ED activity is Ambulance arrivals (See and Convey c.67%) compared to 30-40% elsewhere
- 8% arrivals ('system wide') to UTC
- 33% chance of admission (-51 beds equates to c. 30 less walk-ins per day)

Hospital Assessment and Short-Stay Wards



- 114 people in Short-Stay vs 401 in Wards
- 86% need to be in Hospital but 32% need to be in inpatient beds
- Makes up 22% of bedded patients. Average is c. 15%

Hospital Inpatient Wards



- 75% need to be in Acute beds
- Compares favourably (top 78%, bottom 59%)
- Ave LoS 4.5 days compares well

Short-Term Bed-Base



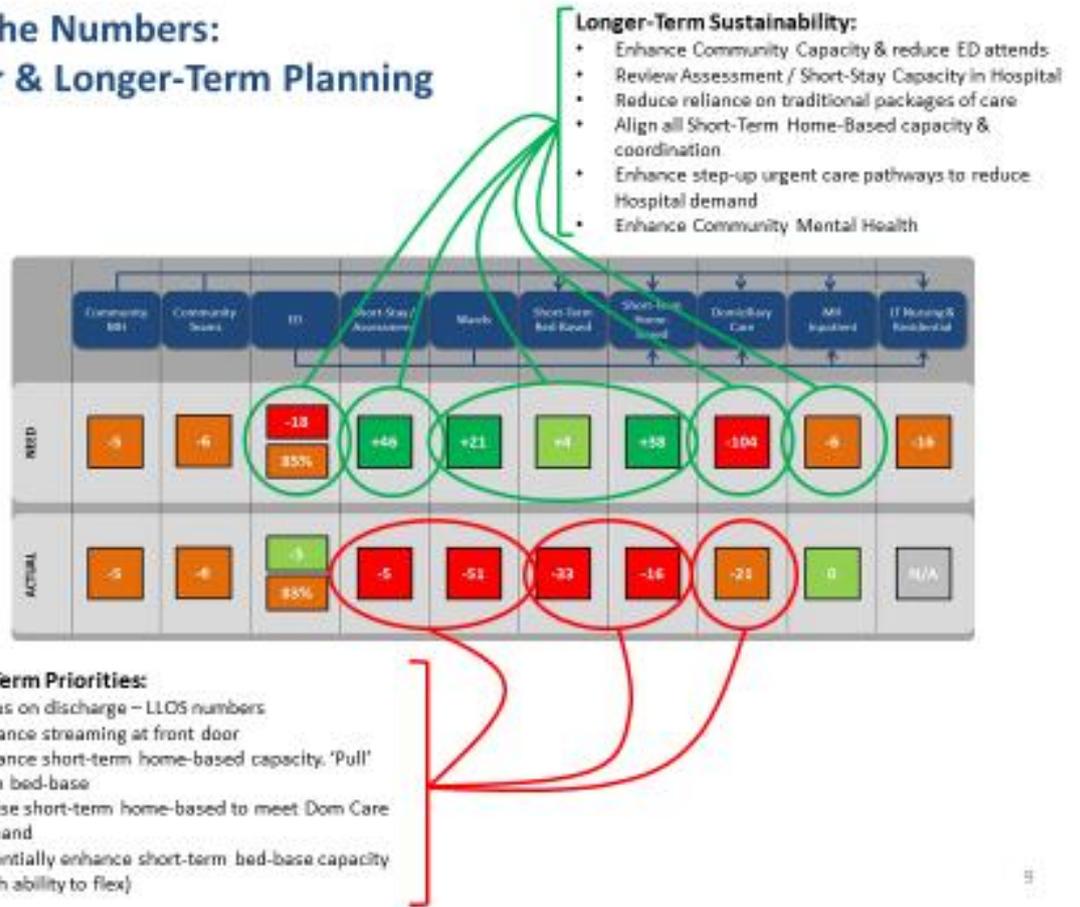
- 45% of people don't need to be there (average is c. 25%)
- 'Absorbs' demand (rather than sitting in Acute bed)

Long-Term Packages of Care

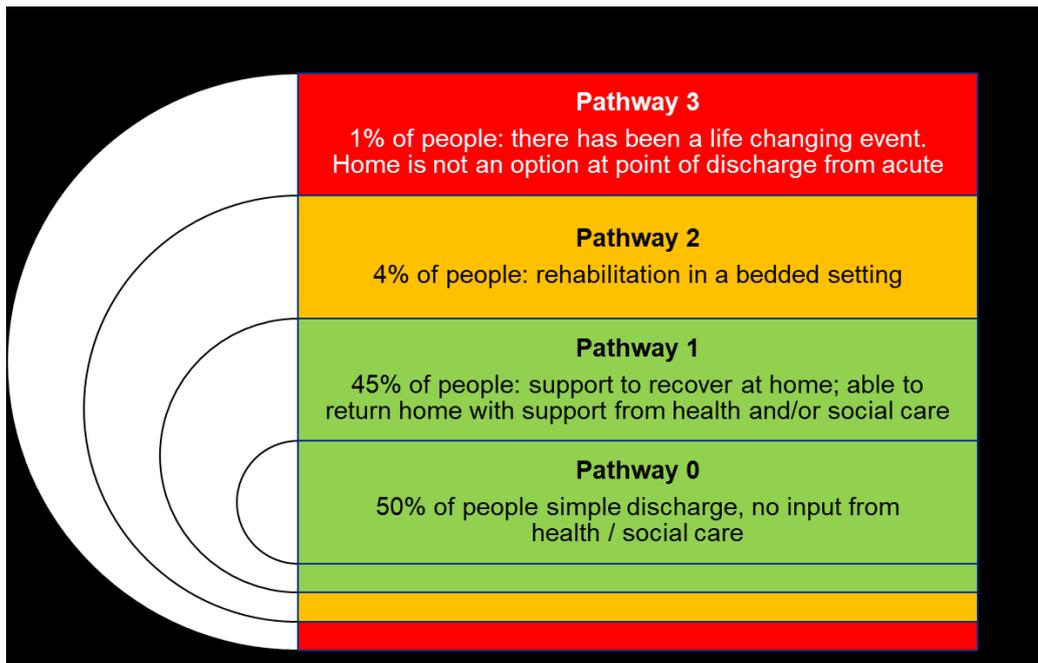


- Additional demand of 106 highest from any system undertaking Venn work
- Includes demand that is not yet assessed
- Reflects severe challenges

Using the Numbers: Shorter & Longer-Term Planning



21. The findings helped us take whole system decisions to focus resources on expanding care at home where possible, with a shared conviction that this was based on evidence.
22. The Coronavirus Act 2020 created new financial mechanisms as well as new service models and requirements. We were able to build on the strategic agreement that Home First is York's default, supported by the Hospital Discharge Service Requirements (March 2020).
23. The discharge-to-assess model is based on using four clear pathways for discharging patients as shown below:



COVID-19 Hospital Discharge Service Requirements (DHSC, March 2020)

24. Care providers in York have been supported by the CCG and council teams to fully implement the Capacity Tracker (which had been promoted locally prior to the pandemic, but became a national requirement during the crisis). This has supported communication about available capacity, and the status of services in relation to risks such as infection prevention and control, PPE and workforce.

York and North Yorkshire response to the care requirements during the pandemic

25. Members previously received information on the extensive support provided to the care market in York through the Adult Social Care Action Plan and the Winter Plan.

26. This has continued to develop since these earlier reports, and includes the establishment of a designated residential care setting at Peppermill Court for patients who have tested positive for COVID-19 to enable safe discharge from hospital, and a unit at Haxby Hall for people who have come into contact with the virus but tested negative, to enable safe discharge from hospital. These services have been funded through the NHS COVID-19 Hospital Discharge Policy and have also been available for patients from North and East Yorkshire.

27. In addition the council has commissioned very significant increases in home care (approximately 2,000 hours per week) to meet the increased

needs of local people, including a rapid response home care service for people who have tested positive for COVID-19.

28. Historically, recruitment to social care, and home care in particular, has been a challenge in York due to the high employment rate in the city, where hospitality has provided an alternative career choice. Home care providers and agencies have had greater success in attracting new recruits during the pandemic, presumably as a consequence of the economic impact of lockdowns. We need to ensure these new entrants are well supported and encouraged to continue in the field once the immediate crisis is over.
29. We have scaled up support across the system, including at Glen Lodge independent living community, to ensure a diverse offer to people needing short term support and reablement on discharge from hospital.
30. We have worked with partners across the York and North Yorkshire system to share resources and maximise the flexibility of our response, for example to the recent surge in admissions to hospital. These include access to beds in designated residential and nursing homes in North Yorkshire, and NHS locations at Goole and Bridlington.

What we have achieved

31. Partnership working and integrated commissioning approaches have made great progress in response to the pandemic. We have worked flexibly with the CCG to expedite decisions on investments in services and staff to ensure people's needs were met in a timely way. A great range of services have been extended or created to manage the steep rise in demand, which has seen an increase in the complexity and rehabilitation requirements of people recovering from Coronavirus.
32. For example, in just three weeks in the spring a multi-agency partnership worked to convert Peppermill Court into a residential care home, under the council's registration, for people who had tested positive for COVID-19, to enable their safe discharge from hospital. The council commissioned Rapid Response Home Care for COVID positive people to support discharge, and developed a social media recruitment campaign to promote social care career and employment opportunities, helping the care sector to attract additional workforce, early in the crisis. During the autumn the council established a small unit at Haxby Hall care home to care for people who had tested negative for COVID-19 but had been exposed to the virus in hospital, ensuring that wherever

possible people could manage a period of isolation safely, avoiding the risk of transmission to other homes.

33. Care providers have performed a vital role as partners in the city. The workforce across the care system deserve the highest recognition for their courage, dedication and selflessness throughout the pandemic.
34. After the initial wave of infections in the earliest phase of the crisis, providers have implemented excellent infection prevention and control, with no outbreaks for long periods of time. The new variant and third wave has had a serious impact on our communities, and this has led to a rise in infections in care services.
35. The vaccination programme is underway, led by Primary Care, with all local care homes receiving the vaccines ahead of the deadline in an amazing feat of collaboration, dedication and organisation.
36. **Consultation:** N/A
37. **Analysis:** N/A
38. **Options:** N/A
39. **Council Plan:** N/A

Implications

40. There are no proposals in the report
 - **Financial**
 - **Human Resources (HR)**
 - **Equalities**
 - **Legal**
 - **Crime and Disorder**
 - **Information Technology (IT)**
 - **Property**
 - **Other**

41. Risk Management: N/A

Recommendations

42. This report is for information.

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Wards Affected:

All

For further information please contact the author of the report

Background Papers: None

Abbreviations

ACOC	Agreed Cost of Care
CQC	Care Quality Commission
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
ICBO	Integrated Commissioning for Better Outcomes
LGA	Local Government Association
NHS	National Health Service
NYCC	North Yorkshire County Council
PPE	Personal Protective Equipment
VOY CCG	Vale of York Clinical Commissioning Group