

The Future of In-house Residential Care Homes Run by Surrey County Council

Adult Social Care Commissioning Information

The Adult Social Care (ASC) Commissioning Team developed its Older People's Commissioning Strategy 2021 – 2030 in 2021 (Annex A). It was codesigned with different groups of Surrey residents of all ages, unpaid carers, providers, partners, and colleagues over a period of seven months, and was approved by Cabinet in November 2021. Through surveys and workshops, the strategy development focused on what works well, what doesn't work well, what could be improved and what is important to Surrey residents, in particular engaging about the future of care homes services for older people.

The feedback received highlighted some key outcomes that the future shape of residential and nursing care provision and the commissioning strategy for this would need to achieve:

1. Work jointly with Surrey Heartlands CCG Continuing Healthcare to develop services to ensure there is enough capacity across the county to meet the increasing demands to support complex, high needs packages within care homes.
2. Work more closely with Surrey's care home market to achieve better relationships and improve partnerships so that we can identify partners who can help us innovate and shape the social care market and improve services for residents.
3. Work alongside the Accommodation with Care and Support Strategy to work with providers, residents, and their families to what older people, and people approaching older age, want their residential and nursing care provision be in the future.
4. Work in partnership with NHS colleagues to achieve the Enhanced Health in Care Homes (EHCH) model. This moves away from traditional reactive models of care delivery and towards proactive care that is centred on the needs of individual residents, their families and care home staff.
5. Work with NHS colleagues to improve our offer of support, training, and information exchange with care home providers to improve quality and outcomes for residents receiving care whether health and social care funded or privately funded.

As the Government take forward its intention to reform social care, to meet the increasing complex needs of the ageing population, the council will continue to adapt and review its plans and priorities set out in this strategy to ensure ASC deliver these reforms in a way that works for Surrey residents.

In Surrey, the older people's care home market consists of 226 care homes, with a total of 10,762 registered beds. Currently ASC spot purchase 80% of the required older people's nursing and residential care home provision from the independent sector care home market in Surrey, this equates to around 15% total registered beds available. In a new approach to purchasing care home provision, the ASC Older People's Commissioning Team launched the first joint approach for purchasing residential and nursing care with Continuing Health Care (CHC) in December 2021. This Dynamic Purchasing System (DPS) will enable ASC to better manage its spend and understand the existing capacity to be able to place clients quickly whilst still facilitating choice to Surrey residents.

New placements made between April to September 2021 (Annex B) for older people into either a home care or care home placement, show that 55% of older people are supported with a new package of care to remain within their own home. This has increased significantly since the pandemic and through feedback from codesigning the older people's strategy, residents said they want to remain at home for as long as possible. Consequently, 45% of packages that require a higher need of care and support are supported within care homes. 26% of new placements are made into nursing homes that can meet higher and more complex care needs, and 13% into

residential dementia with only 6% into low level residential. This small number of placements into residential care homes supports the increase in demand for home-based care packages, where historically people would have moved into a care home sooner. These residents are now remaining at home for longer and then access more formal care settings when their needs are more complex and challenging to be supported in their own home.

All new care home placements referred from the community and to facilitate a hospital discharge are arranged through the ASC Joint Brokerage Team (JBT). Rejected referrals, where the in-house homes are unable to meet the needs are recorded, as well as the alternative home used for the rejected referral that is able to meet the resident's needs. Key findings from that data (Annex C) are:

1. Rejection data from April 2019 (when the homes came back to ASC) to date recorded a total of 170 individual rejections. FY19/20 details 83 rejections, FY20/21 19 rejections and FY21/22 (as of mid-November 21) 68 rejections. To note that between 2020 and 2021, the in-house homes were closed individually and at separate times to admissions due to Covid-19 and were therefore not accepting new referrals. Additionally, since the homes have come back in house, some homes were also closed to admissions at different times since April 2019 due to provider support intervention.
2. The main reasons that referrals are rejected by the in-house homes are because of the following recorded reasons:

Reason for rejection	Total number of rejected referrals
Physical needs are too high, i.e. they are at high risk of falls or they require nursing care which the residential care home staff are not trained to support.	64
Behavioural needs are too high, i.e. verbal, physical or antisocial needs are too high to be managed, the service user wanders which is unsafe due to the environment of the care home and they require specialist mental health which the residential care staff are not train to support to such a high level.	42
In-house homes are specifically declined by the service user and/or family/NOK is because of their own personal compatibility issues with the home, the environment not suitable or liked or the home location is not preferred.	26

3. Other reasons referrals were rejected fall under Covid-19 outbreak as the home couldn't take new admissions, care assessment issues where the home were not able to accurately assess the potential new resident and no capacity available in the home due to staffing levels or rooms being available.
4. Alternative care home provision that is sourced to support the rejected referrals from the in-house homes is mainly into another residential dementia care home. These alternative residential dementia homes are typically smaller homes (approx. 29 beds) that take no more than 1-2 complex referrals at a time and are specialist providers that are able to manage more complex and challenging residents. 34 alternative placements were made into another residential dementia care home, as well as 22 into a nursing home and 15 into a home-based care package.

Additionally, ASC has a highly utilised contract with Care UK, which offers 293 beds for residential dementia permanent and respite placements across seven care home sites across Surrey. This

contract ends in March 2027. Occupancy levels within these Care UK homes as of September 2021, averaged at approx. 87% which equates to 38 beds available.

Gaps in care home capacity have been reported from locality teams and supported by data collated from ASC systems. Surrey has plenty of care home bed capacity, but specifically locality teams struggle to place packages where people's needs are challenging and complex. This can sometimes result in people being placed in incorrect provision for their assessed needs, i.e. that a resident is placed into a nursing home when they do not have nursing needs but has needs too high for a residential setting. Also, from the in-house homes referrals that are rejected, people are sometimes alternatively placed in other smaller residential dementia settings (approx. 26 beds) vs the average 54 beds in larger in-house homes. Across the county there is an increased requirement for more provision to support more specialist needs in care homes, both nursing and residential.

During the time where the in-house were closed to admissions, because of Covid-19 or provider support intervention, the occupancy levels within the in-house homes decreased significantly. At the start of the pandemic in February 2020, occupancy levels were averaging 79%, and as of November 2021 occupancy was recorded as 37%. During this time when the in-house provision of 413 beds was unavailable, this resulted placements being made into the Care UK contract homes and the private care home market.

Finally, SCC are also currently working with partners to develop an approach to Discharge to Recover and Assess (D2RA) service and funding arrangements. These services will, in high level summary, focus on discharging patients according to the different discharge pathways set out in the government operational guidance in 'Hospital discharge and community support: policy and operating model'. This will happen within 2 hrs or 'as soon as possible on the same day', focus on recovery and reablement with therapeutic and community services input where required and focus on patients returning home. Going forward, it will be important to ensure we have sufficient capacity for D2RA provision, which remains separate from our overall capacity for long- and short-term residential and nursing care placements in the market.

Annex A: Older People's Commissioning Strategy 2021 – 2030

Annex B: New placement trends Apr – Sept 21

Annex C: Rejection data per home April 2019 – November 2021

This page is intentionally left blank