

## **EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP**

### **Evidence for Health and Sport Committee – Care Home Sustainability**

#### **Introduction**

The Edinburgh Integration Joint Board (EIJB) welcomes the opportunity to contribute to this discussion. The sustainability of the care home sector is of critical importance to sustaining our health and social care system as a whole.

There are c 2500 independent sector care home beds in Edinburgh. Approximately 2% of these beds are vacant, with up to a further 250 beds in new care homes coming to the market in the next 12 months. The Edinburgh Health and Social Care Partnership (the Partnership) also manages approximately 450 beds in its own care homes.

The EIJB monitors closely the Partnership's performance against the national standard for people whose discharge from hospital is delayed. The challenges for the city in this respect are well-documented. Our performance report shows an average over the last 12 months of 64 people delayed waiting for residential placements.

The following is based on information from the Partnership's operational services and from the open dialogue with our independent and 3<sup>rd</sup> sector partners.

#### **What impact does the recent announcement of the closure of 12 care homes have in your area?**

Any such announcements are always of great concern to the Partnership, and to the City of Council and NHS Lothian. Discussions with Bield Housing and others have centred on whether the service is likely to be sold as a going concern, in which case the question becomes one of communication with and reassurance of residents and their families, and of ensuring the requirements of the Care Inspectorate and of the Partnership's quality assurance framework are met under the new arrangements. Should the announcement lead to a reduction in capacity, the challenges are of a different order, reducing as they do to the overall capacity in the city. Bield Housing provides care for 24 Edinburgh residents; a second provider of a further 48 placements has also indicated they are unable to sustain provision. This provider is hoping a transfer can take place, reducing the impact on Edinburgh to the need to find 3 placements from the total 72. Negotiations have not concluded, however, and a risk remains until the preferred position for both organisations is achieved.

Over the last few years, Edinburgh has had similar difficulties with several other providers withdrawing from the market. Our performance monitoring indicates that the city is consistently short of approximately 64 residential placements, which impacts significantly

on the number of people whose discharge from hospital is delayed. The Partnership is represented on the National Contingency Planning Group hosted by COSLA.

**Are there any concerns regarding the sustainability of residential care service provision and, if so how could they be addressed?**

### **Nature of demand**

One of the great successes of the post-war period is that we live longer, healthier, lives. This is to be celebrated. However, the associated challenge is that the complexity of our health picture grows as we age, and people living into their 80s and beyond have a much broader range of conditions and a greater level of frailty. Dependency levels are much higher than previously, with concomitant greater demands on our care home sector.

The national care home contract has served us well, providing an evidence-based, agreed framework for the purchase of residential and nursing care, which includes provision for additional payments relating to quality and extra care.

The rising incidence of dementia, of other challenging behaviours, and of greater dependency has changed fundamentally the nature of demand for residential care. We see an increasing level of individual support required. This places greater expectations on residential services to ensure higher staffing ratios, a better-trained workforce and improved physical facilities, all of which require sustainable funding that allows scarce – and reducing – resources to be targeted most effectively at meeting this growing need. Social policy direction, supporting a greater emphasis on personal preferences for care at home is likely to see a change in the demographic for residents – a shorter length of stay and a higher level of frailty and dependency.

These trends, together with other changes over recent years, including the introduction of the Living Wage, have seen the contract and associated negotiations become more challenging. Arrangements for the purchase of care home placements need to be more sustainable over the longer term, with transparency regarding costs and expectations.

Financial sustainability and operational sustainability are separate but related issues. A range of factors affect the former, including local market issues, property prices, workforce costs, etc. The latter is impacted by the strategic direction partnerships are choosing to take (personalisation, home-based care, step-up/down, re-ablement, respite, end of life care), workforce availability (impact of Brexit, of the extension of child care provision, application of free personal care to people under 65), etc.

Changes in service model should be driven by strategic vision, consistent with the expectations of people who need care and support, and those likely to need support in future, rather than by financial or structural constraints. A better range of community services, from care at home through extra care housing to respite, would see the nature of

care home provision develop into a more specialised, high dependency provision with a shorter overall length of stay.

### **Staffing**

The socio-economic make-up of Edinburgh drives the challenges for the care home sector. Although many of the recruitment difficulties we face will be experienced by other areas, there are additional costs in Edinburgh due directly to the higher costs of living and property prices. Near full employment and a variety of equally or better paid options available to the local workforce add to this problem.

### **Complex market**

There are, effectively, two markets in Edinburgh, which exacerbates the sustainability challenges we face.

On the one hand, we see a series of providers in the more affluent parts of the city who can afford to charge a premium price to residents and see the self-funding market utilise all capacity. These providers have both high demand and a steady stream of premium-level income to be able to cover the costs of land acquisition and building in these more expensive parts of the city. In turn, they can provide additional services and ensure sustainable recruitment of well-trained staff by paying higher salaries and providing other incentives, such as additional training, and consequently, maintain high grades from the Care Inspectorate.

On the other hand, we have a market where provision tends to be clustered in older buildings, in less-affluent parts of the city, with the increased challenges of maintaining these buildings while attracting a less-well-remunerated sector of the market. Maintaining good Care Inspectorate grades, and recruiting and retaining permanent staff becomes increasingly challenging, and brings a correspondingly higher level of financial risk.

The Edinburgh Integration Joint Board's strategic planning will see priority given to re-shaping the market, recognising the changing nature of demand for residential care, and supporting the development of a wider range of alternatives.

The challenges to re-designing health and social care in a climate of reducing public funds cannot be underestimated. The cost of care calculator being developed through COSLA should help improve the nature and sustainability of residential provision, however, this alone will not address the wider challenges, nor will it further the development of a much wider and more varied landscape of related provision, all of which will require sustained effort and associated investment.

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**29 November 2017**