

CARE HOME GOVERNANCE – PAPER FOR DISCUSSION Sue Cassin, Chief Nurse, NHS Rotherham Clinical Commissioning Group

1. Background

At the July CCG Governing Body meeting it was decided that a further discussion would take place at the August meeting regarding different organisations responsibilities for monitoring care home services, this paper is intended to inform the discussion.

The responsibility for governance and quality is split between several organisations and is also undertaken differently between CCG areas, with some CCGs holding contracts with nursing homes and some commissioning individual packages of care for specific residents as with Continuing Health Care.

2. CQC

The CQC are responsible for the regulation and monitoring of providers who deliver a range of “regulated” activities, these include nursing care home and residential care homes. Link to CQC information covering the regulation and inspection of adult social care:

http://www.cqc.org.uk/sites/default/files/documents/20131013_cqc_afreshstart_2013_final.pdf

Below is a statement from the CQC website regarding their responsibilities:

Our job is to check whether hospitals, care homes, GPs, dentists and services in your home are meeting national standards.

We do this by inspecting services and publishing our findings, helping people to make choices about the care they receive

We work with other organisations to share information and improve how care is overseen.

The five key questions that the CQC seek to ask of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

3. RMBC

The DH guidance on multi agency policies and procedures to protect vulnerable adults from abuse – No Secrets – can be found at the following link

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf

No Secrets states:

“The aim should be to create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.”

Clearly placing importance on working together in partnership, to include commissioners and providers of health and social care, regulators of those services and appropriate criminal justice agencies, also in collaboration with the public, private and voluntary sectors, service users, carers and representative groups. Local authority social services are detailed as taking a coordinating role in developing local policy and procedures with local agencies collaborating and working together within the overall framework of DH guidance on joint working. The lead agency with responsibility for

co-ordinating such activity should be the local Social Services Authority but all agencies should designate a lead officer.

The Care Act 2014 (at link below) states that:

“The general duty of a local authority, in exercising a function under this Part in the case of an individual, is to promote that individual’s well-being.”

The document defines this in much detail and it includes the need to protect people from abuse and neglect.

<http://www.legislation.gov.uk/ukpga/2014/23/enacted>

- Lead for contracts with care homes
- Contract management
- Safeguarding lead role
- Public Health currently funding short term project to support infection prevention and control support to care homes.

4. Clinical Commissioning Groups

The documents detailing the functions of clinical commissioning groups can be found at the links below;

<http://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2012/06/ccg-functions-document-june2012.pdf>

- CCGs are responsible for commissioning NHS Continuing Health Care (CHC)
- CCGs should act with a view to securing continuous improvements in the quality of services for patients and in outcomes, with particular regard to clinical effectiveness, safety and patient experience.
- Act with a view to securing that health services are provided in an integrated way, and that provision of health services is integrated with provision of health-related or social care services, where the CCG considers that this would improve quality of services or reduce inequalities.

NHSR CCG currently commissions CHC for Rotherham registered patients and undertakes this function via a service specification with SY&B&WY Commissioning Support Unit. The service specification has recently been refreshed to better detail the specifics of case management of the service being received by individual CHC clients. A new post within the CCG from 1st August 2014 (Head of Clinical Quality) will closely oversee this process and the monitoring arrangements.

The CCG has in place an enhanced service agreement with GP practices which places all registered patients within the practice who are resident in a care home on a programme of enhanced surveillance (Case Management Local Enhanced Service).

The CCG employs a full time post as Adult Safeguarding and Quality Lead. This post also provides the point of liaison with the local authority safeguarding team, taking part in safeguarding activity where appropriate. This work has developed greatly over the 12 months that the post has been in place and has the potential to further develop the arrangements for collaborative working.



5. Quality Surveillance Group (QSG)

NHS England (NHSE) are required to hold regular QSG meetings where information from all stakeholders across the Area Team locality (eg South Yorkshire and Bassetlaw) is brought together to share good practice, highlight specific concerns and ensure that appropriate actions and monitoring arrangements are in place where necessary, this forms part of the assurance process to NHSE that services commissioned are safe and appropriate. The CCGs are members of this group together with NHSE, local authorities, Healthwatch, CQC, Monitor and LETB, with membership being at a senior accountable level.

CCGs are expected to raise concerns about providers of NHS services. CCGs are expected to monitor the quality of the services it commissions, this includes Continuing Health Care, and may raise concerns about care homes in the spirit of sharing concerns where they relate directly to CCG commissioned care. It is the local authority's role to raise issues/concerns about social care/residential homes

Taken from QSG Terms of Reference:

"The purpose of the Quality Surveillance Group (QSG) is to ensure that all health services are commissioned and delivered in a safe manner and that they meet and exceed standards. In addition it must ensure a positive patient experience by systematically bringing together the different parts of the system to share information. The QSG will be a proactive forum for collaboration, providing:

- *a shared view of risks to quality through sharing intelligence;*
- *an early warning mechanism of risk about poor quality; and*
- *opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and ongoing operational liaison between organisations.*

Other meetings to consider here would be the Health and Wellbeing Board and Health Scrutiny

6. Health Watch

Health Watch Rotherham have plans to develop closer working relationships with care homes by attending care home managers' meetings and visiting care homes to discuss how they can support them and work together where issues are raised. A radio campaign via Rother FM is also planned, encouraging people to talk about good service/care they have received and any other comments.

7. Additional Information

- Monthly information sharing meetings take place between the local authority, the CQC and the CCG, the purpose of which is to share current intelligence about care received in care homes.
- Within the Better Care Fund (BCF) scheme BCF 07 covers the intention to Implement a joint approach to a single LA and CCG team whose purpose is to commission and assure quality of service in residential and nursing care homes, with clear links to GP case management and an integrated response from health services. Reduction in the cost of contract compliance increased monitoring of nursing standards, reduced admissions to hospital and improved hospital discharges. Reduced cost of significant service failure and safeguarding through a more proactive/preventive/ coordinated approach. This is currently in the developmental stage with options on delivery being considered.

**Sue Cassin
Chief Nurse**

August 2014