

All Wales Care Home Framework

The role of Health Board Primary and Community Health Care Services

October 2020

Produced by a Task Group established under the National Strategic Programme for Primary Care

When older people move into a care home, all they are doing in effect is moving from one home to another.

Older people living in care homes should be able to clearly understand their entitlements to primary and specialist healthcare and their healthcare needs are fully met.

Older People's Commissioner for Wales (2018)

Some professionals who were involved in assisting care homes had no previous experience of working in this sector and did not fully understand that a care home is a place where someone lives and that the quality of their life is one of the most important aspects of the care delivered.

Professor John Bolton, the *Rapid Review for Care Homes in Relation to Covid-19 in Wales*, 2020.

FOREWORD

The Care Home sector has, along with health and social care services, been at the forefront of the approach to managing the COVID-19 pandemic in Wales. The challenges experienced by all partners during this period has highlighted the need to ensure that primary and community health care services are accessible and provide wraparound support for care home residents.

The National Strategic Programme for Primary Care recognises this and, as part of its wider programme of work, has commissioned the development of this framework in preparation for winter 2020/21 and beyond. Its purpose is to provide Health Boards with a consistent framework to support the planning and provision of primary and community health care services and the implications for the care home sector. It reflects the expectation that care home residents have equal access to primary and community health care services as anyone living in any other type of residence in the community.

The framework has been developed by a representative group that includes provider representation and builds upon commitments already made by Health Boards in response to previous work with the care home sector, notably from the Older People's Commissioner for Wales (2020) and the recent national Rapid Review Report by Professor John Bolton. It is based upon a range of policy requirements and good practice identified from various sources including the recent King's Fund Report¹ specifically the findings under 'Disjointed Care and Underlying Issues' findings. The thematic framework is based upon a set of four pillars along with explicit recognition of the need to invest time in forming effective relationships with the care home sector.

In undertaking this work, it has become clear that it is not possible to describe a 'standard' care home. The sector is diverse and disparate, both in the range of services it collectively provides and in the spread across Wales. Some analysis of the size of the sector and comparisons with NHS capacity are included in this document. The findings indicate Health Boards are partially or fully commissioning as many individuals in the care home sector as the Health Boards has NHS in-patient beds. This clearly has governance implications for Health Boards when commissioning services. Developing and providing appropriate services is not limited to Directors of Primary and Community Care and this Framework provides some ways of reflecting this and ensuring appropriate planning mechanisms are in place.

It is important to note that whilst the scope of this work was specifically primary and community health care services, the alignment with Local Authorities is vital going forward. This works fits within the wider care home action plan being led by Social Services in Welsh Government in order to ensure there is a complementary approach across Health Boards and Local Authorities and at Regional Partnership Board level.

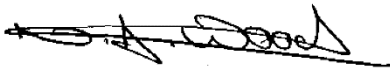
¹How Covid-19 has magnified some of social care's key problems, King's Fund, 2020

It also aligns with the findings of the Rapid Review for Care Homes in relation to Covid-19 in Wales issued by Welsh Government in late September 2020 and, in addition to its main function, provides Health Boards with a resource that will help to deliver on the key considerations identified in the Report.

The National Strategic Programme for Primary Care extends its thanks to provider representatives Lynne John and Melanie Minty who gave their time and expertise to help to shape and develop this work and commends the Framework to Health Boards to support them in the delivery of services on an equitable basis to those who reside in the care home sector.

A handwritten signature in black ink, appearing to read 'Sue Morgan'.

Sue Morgan - National Director and Strategic Programme Lead for Primary Care

A handwritten signature in black ink, appearing to read 'Nick Wood'.

Nick Wood - Chair, Work Stream 2; 24/7 Model, Strategic Programme for Primary Care

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EXECUTIVE SUMMARY

In the process of responding to the COVID-19 pandemic in Wales, there has been a growing recognition that the care home sector has faced a number of challenges, many of which are not new. In response, Health Board Directors of Primary and Community Care have identified a need to undertake work on the provision of primary and community health care services to care homes, and to ensure safe and quality services are maintained within the care home sector. The overarching product of this work has been the National Care Home Framework, to aid Health Boards to ensure that services are equitable, appropriate, and high quality. The model and actions described are not prescriptive, but aim to support Health Boards in providing a standard of consistency across Wales.

In **Section 1**, the National Care Home Framework is described in context. The model and actions are underpinned by a number of key principles:

- ✓ Care homes are an integral part of the health care system and are key partners in delivering effective services.
- ✓ Care home residents have equal rights to access care as someone living in any other type of residence.
- ✓ The implications for care homes is a key factor when developing primary and community health care service models.
- ✓ Relationships form a key component of effective service delivery, which requires communication and engagement.
- ✓ Outcomes should be focussed on the perspective of the resident.

The National Care Home Framework sets out a model for Health Boards within the context of these principles. This framework consists of four main themes or “pillars” for the shaping and provision of services:

1. **Access** – Equity of access with other community settings
2. **Consistency** – Services delivered in an integrated way by care homes who are aware of the services available across Wales
3. **Connectivity** – Adopt ‘Once for Wales’ principle by capturing and sharing good practice developed during COVID-19 to support residents.
4. **Outcomes** – Describing expected outcomes with a resident focus

It is also emphasised that, as well as effective processes, there needs to be effective relationships that requires confidence, trust, and commitment to work with stakeholders.

In **Section 2**, the All Wales Care Home Framework underpinning principles, thematic model and key components are described.

In **Section 3**, a self-assessment checklist of statements is provided to reflect the principles of the Framework. Health Boards are asked to consider if their current models comply with the statements. If they do not, they are asked to identify what

actions are necessary to ensure that their models better reflect the principles set out in the Framework. Examples of practical applications are also described in the context of the key themes set out in the Framework.

In **Section 4**, key factors are described that are important to the successful adoption and implementation of the Framework, along with four high level indicators that can be used to monitor progress and measure success.

The All Wales Care Home Framework aligns with the Winter Protection Plan and has been developed within the context of the six agreed priorities of the Primary and Community Care Operating Framework Quarter 3/4 which itself forms part of the NHS Wales Operating Framework Quarter 3/4 2020/21². The expectation is that Q3/4 Health Board Plans will include actions to achieve these delivery milestones and assess their service provision to care homes against this Framework on the basis of **adopt, adapt or justify**. An immediate plan for winter³ will capture progress, with longer term progress reported at the end of March 2021.

Finally, Health Boards need to give due consideration to how care homes are made aware of these actions so that they are clear on the support provided by primary and community care services.

² The six priorities for Quarter 3/4 have been identified by the Health Board Directors of Primary and Community Care and agreed by the National Primary Care Board and the Welsh Government's Primary and Community Care Recovery Oversight Group. These are referenced in the detailed Primary and Community Care Operating Framework for Quarters 3/4.

³ Due by end of October 2020

Section 1: The Context

1.1 Purpose and Scope

The increased focus on care homes during the COVID-19 pandemic has led to a growing recognition of the challenges and pressures experienced by the sector. Whilst the pandemic has highlighted these pressures, many are not new - instead the pandemic has served to highlight opportunities where the support and services provided to the sector could be enhanced.

Building on the work already undertaken by the All Wales Primary Care Associate Medical Directors, the 24/7 Work Stream of the Strategic Programme for Primary Care is leading work to provide an all Wales care home framework. This is reinforced in the Primary and Community Care Operating Framework Quarter 3/4.

Reflecting this, the Health Board Directors of Primary and Community Care have identified the need to undertake focused work on the provision of primary and community health care services to care homes. This aligns to the Winter Protection Plan 2020/21.

This document sets out for Health Boards the need to provide:

- ✓ a better understanding of the healthcare requirements of care home residents
- ✓ a more co-ordinated and consistent approach to the planning and delivery of primary and community health care services across Wales, supporting Providers to have a clear understanding of the services that are available and how and when to access them
- ✓ wraparound services that are supported by a gap analysis and are built upon evidence-based practice (where that evidence is available)
- ✓ safe, effective, quality services that provide a good and timely experience for the resident

The model and actions set out in this Framework reflect requirements already set by previous reports⁴. The Strategic Programme for Primary Care has developed the Framework to support Health Boards in providing a co-ordinated and consistent response to commitments already in place, notably from the Health Boards responses to reports issued by the Older People's Commissioner for Wales⁵. Other relevant contemporary reports have also been considered including the recent King's Fund publication *How Covid-19 has magnified some of social care's key problems (2020)* and the recently issued Report by Professor John Bolton for Welsh Government, the *Rapid Review for Care Homes in Relation to Covid-19 in Wales*⁶.

⁴ A Place to Call Home and Leave no-one Behind, Older Peoples Commissioner for Wales 2020

⁵ *ibid*

⁶ Welsh Government, September 2020

The scope of this work is defined as equitable access to primary and community health care services to appropriate and relevant clinical expertise for care home residents when required.

The overarching product of the work is a National Care Home Framework (NCF). It is specific to adult healthcare services and aims to ensure a coordinated and integrated approach by Health Boards to the provision of primary and community health care services to care homes for adults across Wales⁷. Whilst it is intended to support Health Boards in providing co-ordinated primary and community health care services, the approach has deliberately been to consider the actions from the perspective of the care home resident. The focus is on equity and ensuring that a resident in a care home has the same access to primary and community health care services as a person living in their own home.

Whilst this Framework is health care focused the fundamental role of social care services provided by local authorities across Wales in supporting the personal and social care needs of residents is recognised. The Welsh Local Government Association (WLGA) has commissioned a range of reports that collectively demonstrate the role of social care services in supporting those in the care home sector. The need for a cross sectoral partnership approach to working with the care home sector, with care homes seen as equal partners in that process, is a key factor identified in the WG Rapid Review for Care Homes Report issued in late September 2020.

This document will cover two main viewpoints – the requirement for joined up strategic and operational management across all relevant departments within Health Boards, followed by a number of practical applications that propose how the services can be provided to have maximum effect. It is therefore separated into four main sections

Section 1 provides the context for the work and a profile of the care home sector.

Section 2 sets out the care home framework key principles, thematic model and key components.

Section 3 proposes the actions required by health boards at both a strategic and operational level.

Section 4 focuses on how success can be captured and measured as part of national reporting systems.

Appendix 1 provides tables that demonstrate the care home numbers and available beds on each Health Board footprint.

⁷ This Framework is specific to care homes in Wales providing services for adults. It does not focus on residential services for children and young people but the principles set out in this Framework could be used as the basis of a similar approach should Health Boards wish to progress this.

The Rapid Review for Care Homes Report issued in late September reflects many of the issues identified in this Framework. Implementing the actions set out in this Framework will, in addition to its intended purpose, also assist Health Boards in considering their response to the considerations set out by Professor Bolton.

The following Key Considerations set out in the Rapid Review are viewed to be particularly relevant in demonstrating alignment with the Review and this Framework. A full list of the Key Considerations is included as **Appendix Two** to this paper.

Key Considerations in Rapid Review of Care Homes Report that reflect the Care Homes Framework	
1.	Each partnership might consider the nature of their relationship with their care home providers and ensure that future work is carried out in a spirit of true partnership with those providing care to some of the most vulnerable adults in the health and care system.
9.	Each partnership might consider how they might assist local GPs in establishing clear enhanced arrangements for every care home in their area. Where this is not possible the practitioners who have patients in particular care homes need to be clear on their responsibilities and how they will carry them out.
14.	Each partnership should ensure that acute hospitals understand and can use the local arrangements that are put in place to support the discharge of patients.
15.	Each partnership might consider how they ensure that communication with care homes is managed in a spirit of sharing information to ensure that homes get the best possible support whilst limiting the burden on the care homes.
16.	Each partnership might consider how they determine the best way to simplify and coordinate the dissemination of national and local guidance and to share it with their care home providers.

1.2 Profile of the Care Home Sector

The care home⁸ sector in Wales is diverse with Providers that range from large multinational groups to individually owned and run single homes. Not all care homes are owned by private individuals/companies. Work undertaken earlier this year provided a breakdown for adult care homes by ownership type and revealed:

- Approximately 84% were private/independent sector (these would include single homes and larger group homes)
- Approximately 7% were third sector/charitable/not for profit sector, and
- Approximately 9% were local authority.

Work undertaken by Laing & Buisson in 2014 indicated that Wales has a higher percentage of smaller individually owned homes than England.

As at early September 2020 there were a total of 1055 adult care home services in Wales⁹. Of these:

- **261 were care homes with nursing (25%)**
- **791 were care homes without nursing – residential (75%)**

Although only 25% of care homes provide nursing, nursing beds account for 45% of the total beds available, indicating care homes with nursing tend to be larger establishments. Local variations apply.

In total an estimated 25,598 beds are available across the care home sector¹⁰.

The actual number of beds available at any one time is influenced by a number of factors including: embargoes; homes that have made a voluntary decision to reduce capacity; or inability to use some capacity due to COVID-19 restrictions.

The Rapid Review for Care Homes Report also considered the range and scope of the sector and noted that:

⁸ Care Inspectorate Wales, in 'A guide to registering under the Regulation and Inspection of Social Care (Wales) Act 2016' defines care homes as: *A care home service provides accommodation, together with nursing or care, to an individual(s) because of their vulnerability or need. "Care" means the day to day physical tasks and needs of a person being cared for and the mental processes associated with those tasks or needs, for example eating, washing and administering medication and remembering to eat, wash and take medication. "Nursing" is not defined in the Act, but in this context means the provision of care, or the planning, supervision or delegation of the provision of care by a registered nurse as part of a plan prepared for an individual receiving care, by either a local authority, health board or service provider. A service providing accommodation and support only, does not meet the definition of a care home service.*

⁹ This represents a small increase on the position in June 2020.

¹⁰ This represents a small reduction on the position in June 2020.

- 35% of adult care homes reported a confirmed infection.
- the larger the care home the greater the likelihood that Covid-19 will be found in the home.

Nationally there is variation in the numbers and geographical distribution of care homes within each Health Board. **Appendix 1** provides detailed tables setting out the number of care homes and care home beds on each HB footprint which is summarised in the table below.

Table 1: Care Home Numbers and Maximum Registered Capacity in Wales* (as at September 2020)

Service sub type	No. of Registered Services in Wales	Sum of Maximum Capacity in Wales
Adults and Children Without Nursing	21	153
Adults with Nursing	263	12,397
Adults without Nursing	793	13,201
Grand Total	1,072	25,646

*Note: A more detailed table on a HB footprint basis is provided at Appendix 1

Table 2: NHS In-patient capacity compared with care home registered capacity in Wales* (as at September 2020)

Total Number of in-patient Beds in Wales**	Number of Care Home <u>Nursing</u> Beds in Wales	Total Number of Care Home Beds in Wales (Nursing + Residential)
10,522***	12,397	25,646

*Note: A more detailed table on a HB footprint basis is provided at Appendix 1

**Source: Average daily available in-patient beds for NHS Wales, StatsWales. The most recent data is 2019 and predates organisational change and the transfer of Bridgend services to Cwm Taf Morgannwg UHB. This needs to be taken into account when considering the figures for CTMUHB and Swansea Bay UHB.

*** Excludes Velindre Hospital

Section 2: The All Wales Care Home Framework

2.1 Underpinning Principles

The All Wales Care Home Framework is underpinned by the following principles:

- That the care home sector is an **integral** part of the health and social care system and as such are **key partners** in delivering effective, appropriate and timely services.
- That each care home resident has the same right to, and **access** to, primary and community health care services as those living in in their own home.
- That consideration of the **impacts on** and **implications for care homes** is a key factor when developing/implementing primary and community health care service models in Wales.
- That **relationships** form a key component of effective service delivery and this must extend to effective **communication** and **engagement** with the care home sector.
- That service **outcomes** are developed and measured that reflect the service user perspective – for care homes this would mean from the perspective of the individual resident.

These principles provide a **robust** basis upon which primary and community health care services provided to the care home sector can be designed, commissioned and implemented. They both interface and interact with each other, aiming to provide a robust model that should form the basis of how services are delivered.

These principles are reflected in the findings of the Rapid Review for Care Homes in relation to Covid-19 in Wales which identified relationships, partnerships and a resident focus, as key strands of the Report.

2.2 The Thematic Model

Within the context of the principles, a thematic model is proposed that provides a Framework within which Health Boards can ensure that equitable, appropriate and high quality services are provided to residents in the care home sector. This is set out below.

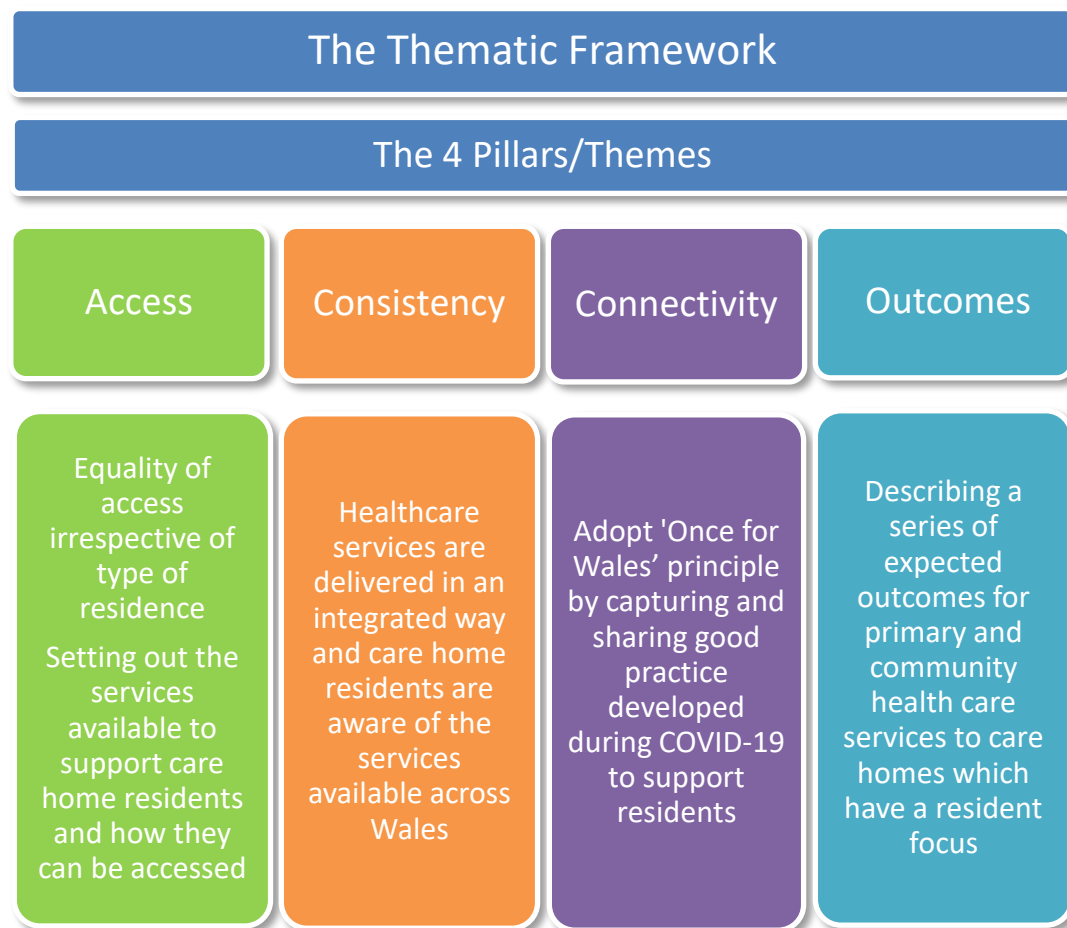


Figure 2: The four pillars of the Thematic Framework

In addition to these four pillars - which collectively provide a thematic approach to the shaping and provision of services to care homes - effective and responsive services also need to be based upon a strategic and operational approach where there is confidence, trust and a commitment to work with stakeholders. In other words, in addition to effective **processes**, we need to ensure there are effective **relationships** and these two factors need to operate in tandem in order to deliver positive outcomes.

The relationships between effective services and robust relationships is demonstrated in the following illustration.

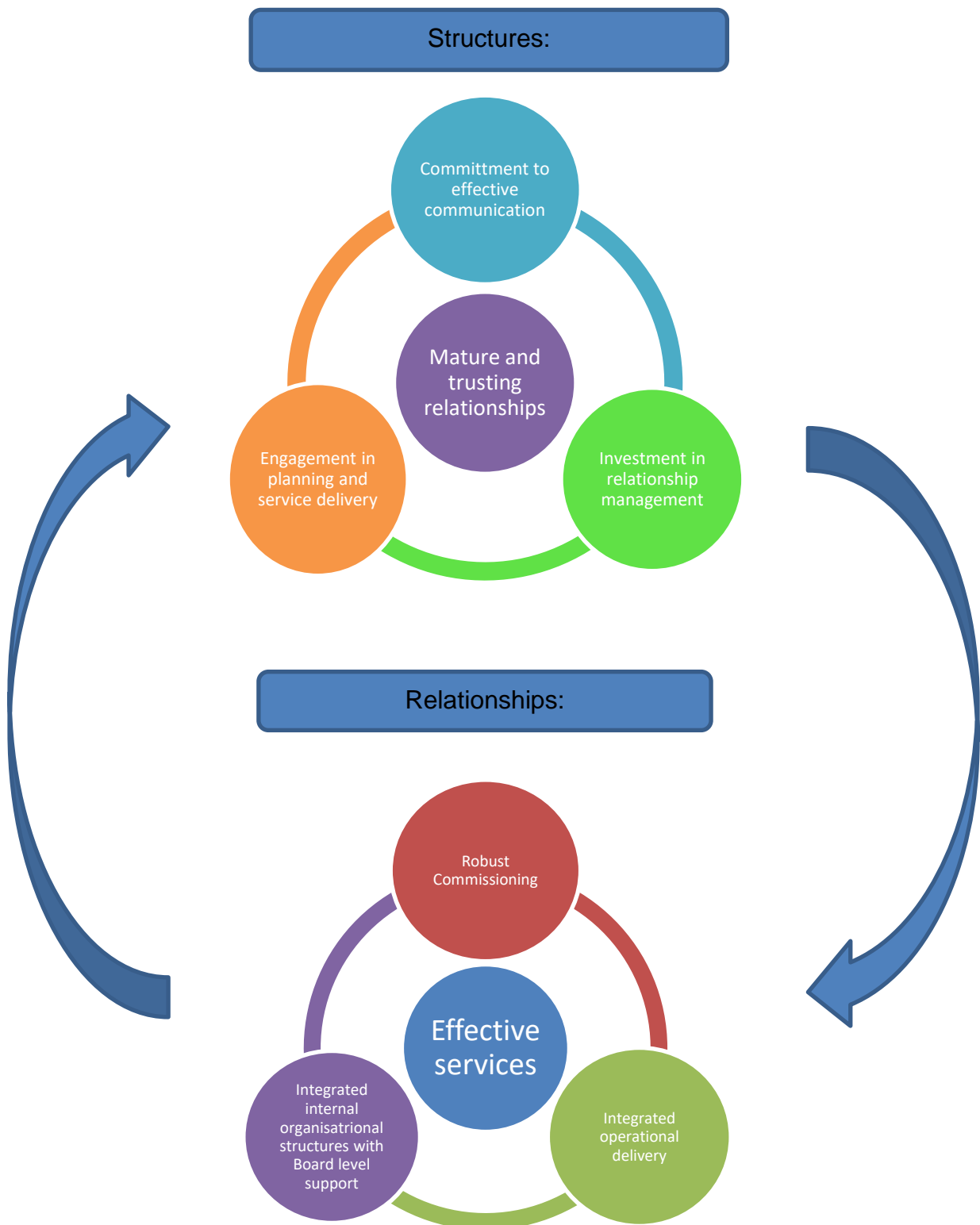


Figure 3: Relationships between effective services and robust relationships

2.3 The Key Components

Using the four pillars of the Framework set out above, primary and community health care services for the care home sector should include the following components:

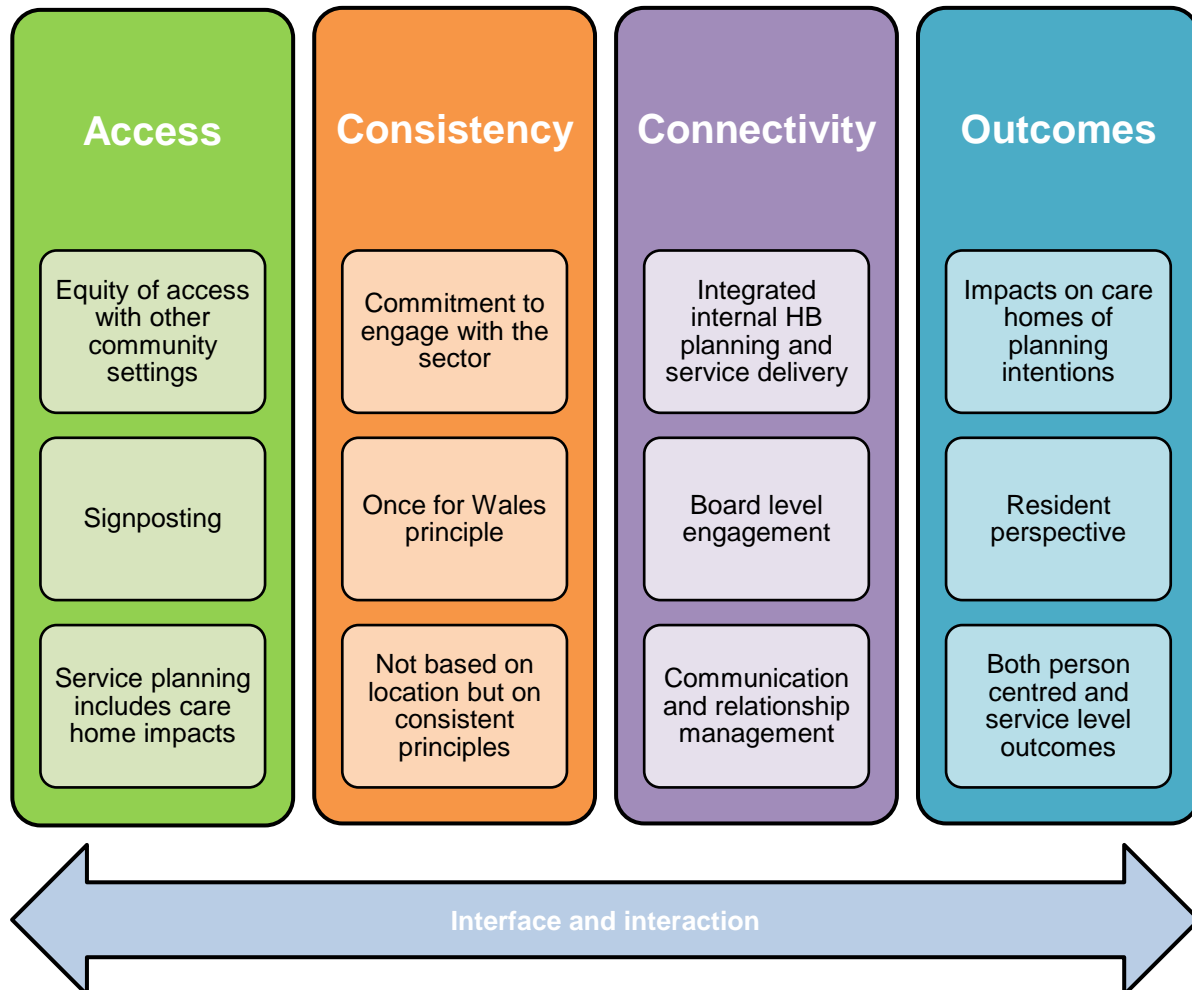


Figure 4: The key components of the Framework

Section 3: Health Board Actions

This Framework forms part of the six priorities agreed and is an action from the Primary and Community Care Operating Framework Quarter 3/4 which is part of the NHS Wales Operating Framework Q3/4 2020/21. Progress will be reported via the October position as well as the longer term for March 2021 year end reporting.

A series of statements have been developed and are set out in the self-assessment checklist below (section 3.1). These have been designed to support Health Boards in capturing their current position against the actions as set out in this Framework. The Statements reflect previous commitments Health Boards have made in response to reports¹¹ issued by the Older People's Commissioner for Wales in recent years.

Most recently, *Leave no-one behind* (2020) stated:

An action plan for care homes is therefore critical in this regard and the Welsh Government's announcement of the development of a plan is welcome. It needs to ensure that lessons have been learnt from what has happened and that the right action is taken, at the right time, to ensure that older people living in care homes are safe, can access the wider health services and support they may need and are able to exercise their rights, all crucial to ensure they have the best possible quality of life. The experiences, views and voices of care home residents must be part of this, as set out in the Commissioner's recently published Care Home Voices report.

Health Boards are asked to consider and map their current position against the self-assessment checklist and, based upon the findings, identify areas where the statements indicate further work is indicated. This would then form the basis of developing a Health Board action plan that will ensure current and future Health Board primary and community health care services appropriately reflect the impacts on the care home sector. Health Boards need to give due consideration to how the Health Board action plan is shared with care homes so that they are clear on what to expect from their local primary and community health care services.

¹¹ A Place to Call Home, 2014

GP Services in Wales: The Perspective of Older People, 2017

A Place to Call Home: Impact and Analysis, 2018

Leave no-one behind: Action for an age friendly recovery 2020

3.1 Strategic Health Board Actions

The following self-assessment checklist consists of a series of statements that have been designed to reflect the principles of the model set out in the section above. Health Boards are asked to reflect on whether their current service models comply with the statements set out below, self assess their current position, and consider what local actions need to be taken on an '**adopt, adapt or justify**' basis (Action 3: Primary and Community Care Operating Framework Quarter 3/4):

Statement		Relationship to key themes	Adopt Adapt Justify	Action Required? Y/N (if yes note summary of next steps)
1.	The identified lead Executive Director (DPCC or equivalent) engages with all other executive directors, along with other appropriate senior staff, in the planning of health care services to care homes. The approach is one of integrated working across all relevant Health Board directorates and must demonstrate Board level support. The engagement should include those involved in 24/7 services including 111, primary care (GMS and urgent primary care (Out of Hours) services and the Welsh Ambulance Service Trust.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		
2.	Services are planned with consideration of the impacts on individual care home residents as a key part of the planning process. Equity of access to care and services regardless of crisis or location should be the norm.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		

3.	The principle of 'once for Wales' and of collating the learning from COVID-19 (as well as wider learning from, for example, seasonal pressures) in one place has been implemented by the Heath Board.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		
4.	In order to 'future proof', primary and community health care services have been reviewed to reflect the learning from the COVID-19 with specific consideration of the experiences of care homes as part of that.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		
5.	Service planning recognises that whilst care homes will operate in different ways that reflect: their purpose; services provided; workforce and location, a person centred care approach will form the basis of the planning process.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		

<p>6. The Health Board has an effective communication process in place with the care homes within their geographical area. This includes named relationship managers, identified by the lead executive director, and appropriate to the care home registration in place in each Health Board. These will act as the points of contact for care homes when they need to escalate issues or seek urgent intervention. For those funded out of area Health Boards have a communication mechanism in place that is appropriate and effective¹².</p>	Provides equitable access?		
	Drives consistency?		
	Ensures connectivity?		
	Delivers resident focused outcomes?		
<p>7. The service model operates in line with the Framework set out in this paper to ensure a consistent set of principles are in place across Wales and outcomes for individuals are consistent regardless of local variation.</p>	Provides equitable access?		
	Drives consistency?		
	Ensures connectivity?		
	Delivers resident focused outcomes?		
<p>8. The Health Board has a clear description of the primary and community health care services that it</p>	Provides equitable access?		
	Drives consistency?		

¹² For those individuals placed outside of Wales the WG cross border protocol would apply. This requires appropriate communication mechanisms are in place

	provides ¹³ and signposts to how these are accessed consistently using existing directories of information, both in and out of hours including any referral criteria if applicable.	Ensures connectivity?		
		Delivers resident focused outcomes?		
9.	The Health Board should have a clear understanding of the range of information collected from care homes and the actions required as a result of these. There should be an appropriate feedback loop in place to ensure care homes are updated on relevant actions	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		

¹³ This should include adult and older peoples mental health services

3.2 Operational Health Board Actions

Adopting the Framework will help to ensure that wraparound primary and community health care services are available for care home residents on an equitable basis. Using the key themes of the Framework, a number of practical applications are set out below that can inform the Health Board planning and provision of services to care homes.

Access

Access to specialist expertise

Ensure all residents have equity of access to specialist/expert advice and services as any other community based resident.
Examples of the specialist expertise include: diabetes management; tissue viability; respiratory management, mental health and equal access to therapies.
In order to enable care homes to support residents appropriately Health Boards will need to ensure and communicate clear: digital and telephone point of access for these services; ensure access to any information guides/leaflets that are provided so that they can inform and support residents appropriately (e.g. Primary Care mechanisms using 111 Directory of Services to provide information and on signposting to access pathways/local service.)

Remote consultations

Exploit opportunities offered by COVID-19 arrangements to enhance GP remote consultations when appropriate. This allows GPs and other clinicians to be able to see and access the resident (virtually) and supports effective consultation when face-to-face cannot be provided directly.
Health Boards will need to consider whether the current access to visual communication devices would allow this to be implemented consistently or whether there will be resource

Dementia/MH crisis management

Accessing timely advice to support care homes in managing a crisis situation would ensure more timely and effective outcomes for any residents affected. Health Boards would need to consider across all relevant executive directors how to ensure access to mental health advice during a crisis for any care home residents could duplicate that in place for any person living in their own home.

Resident focused outcomes

Consistency

Primary Care Contractor Services

Ensure that current Health Board information on primary care contractor services is kept up to date and available on the Directory of Services. Care Homes should ensure that residents are aware of how to access NHS services on an equitable basis as well as the option of entering into a private arrangement for these services. Health Boards to share this information with care homes within their geographical footprint

Training and development

Health Boards should offer spaces on relevant training and development programmes to care homes within their footprint. Including care home staff in Health Board training sessions helps to break down barriers, improve and enhance communication and ultimately lead to a workforce that is best able to provide care and support to residents. Health Boards will need to consider how this may be delivered in their area using examples from other Health Boards where this is already in place. Conversely, offering inreach training into care homes would be beneficial. Use of HEIW online training materials and engagement with Public Health Wales Improvement Cymru also offers additional opportunities for development.

Advance & Future Care Planning/DNACPR

Health Boards should offer support to care homes in offering, developing and recording Advance and Future Care Plans with their residents, seeking to ensure there is a consistent approach across the Health Board footprint. There should be a central electronic system for all of Wales that is accessible and readable for healthcare providers and contain information about existing Advance Decisions, Lasting Power of Attorney documents, Records of Best Interest Decisions and/or DNACPR forms. This will ensure that both care home staff, and other staff (such as GPs, clinicians in 111 and out of hours services, and WAST paramedics) who may require this information on an urgent basis will know how and where to access the documentation. This can be informed by work already undertaken linked to COVID-19 and could be routed through the 111 system.

Resident focused outcomes

Connectivity

Engagement

Health Boards should ensure they have regular and routine arrangements in place to engage with the care homes within their footprint. In addition to helping to develop mature relationships, regular meetings can also be used to address queries and issues on a managed basis rather than communicating primarily when there are challenging issues to resolve.

In addition to these regular meetings Health Boards should ensure that care homes have a named point of contact (with deputies as necessary) that they can contact in the event of

A Day in the Life

Improving relationships is a key theme of the Framework. Health Boards should consider offering short term (i.e. one to two days) 'secondments' that operate both ways – Health Board community/complex care staff could undertake a role transfer with a care home staff member and vice versa. This will help to improve communication and relationships and also provide staff from both sectors with a greater understanding of the issues and challenges affecting the whole system. HR implications will need to be explored as part of the process. Some care homes already work with Health Boards to provide student placement opportunities and this should be explored further and opportunities utilised.

In one place

The COVID-19 pandemic has shone a light on the range of guidance and policy requirements that apply to both sectors. Health Boards should seek to ensure that they have streamlined systems in place to share information with care homes in a timely manner and should seek to ensure that connections between various requirements are highlighted and requirements prioritised.



Resident focused outcomes

Section 4: Measuring Success and Reporting Mechanisms

As noted in the introduction to this Framework, care homes was identified as one of the six priorities agreed in the Primary and Community Care Operating Framework Quarter 3/4 which forms part of the NHS Wales Operating Framework Quarter 3/4 2020/21.

The six priorities for Quarter 3/4 have been identified by the Health Board Directors of Primary and Community Care and agreed by the National Primary Care Board and the Welsh Government's Primary and Community Care Recovery Oversight Group.

Health Boards are required, through current national reporting mechanisms to formulate local action plans. By using the Framework, it will help assist Health Boards to translate policy into operational delivery and in turn, for care homes to understand the primary and community health care services that their local Health Board provides. The figure below sets out actions that capture the Health Boards position and the direction of progress and Health Boards will need to ensure that care homes within their footprint are aware of the processes set out in the Framework and the benefits the Framework aims to establish.

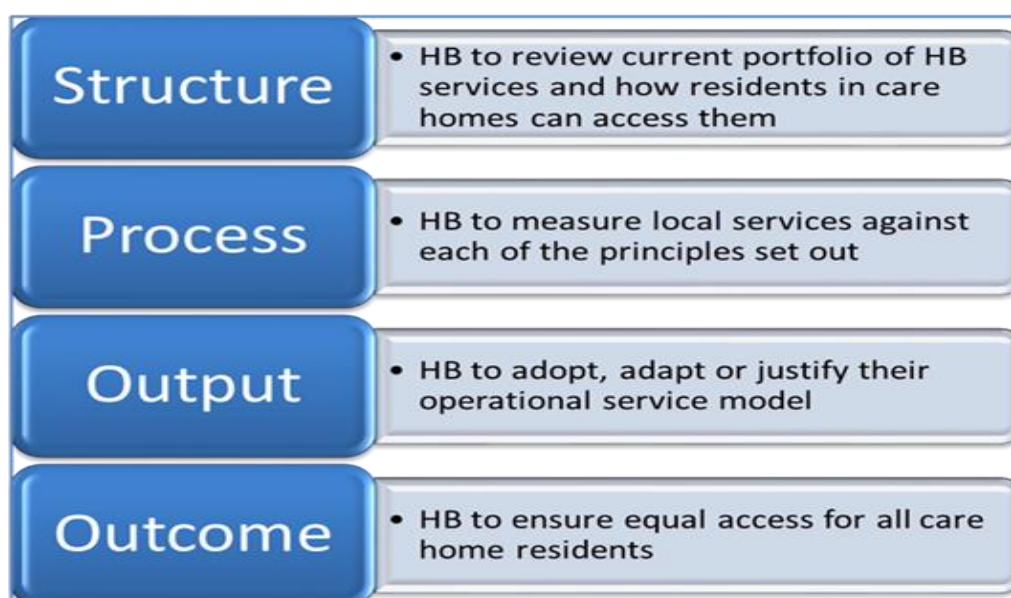


Figure 5: Actions to support Health Board planning (adapted from the Donabedian Model)

This Framework provides Health Boards with a thematic process that aims to ensure that wraparound primary and community health care services are equitable, consistently applied across Wales, and improve the overall experience of those people who live in care homes. It links actions to both policy requirements and recent Reports

published by: The Older People's Commissioner for Wales; the Rapid Review for Care Homes in Wales; and the King's Fund.

The checklist set out in Section 3.1 allows Health Boards to undertake a self-assessment of their current position against key statements. It also encourages the identification of further work where necessary and to identify a responsible individual to lead that work.

It is not intended to provide a detailed set of indicators for Health Boards to demonstrate progress. Instead this Framework provides the opportunity for self-assessment and actions that are appropriate to local circumstances.

An initial position statement will be reported as part of the wider Quarter 3/4 reporting at the end of October 2020, with a longer term position as part of the year end reporting and analysis in March 2021.

Appendices

Appendix One: Care Home Capacity by Health Board

Table 3: Adult Care Homes, Adult and Children Care Homes by Health Board
Updated 10 September 2020

Service sub type	Health Board Footprint	Number of Registered Services	Sum of Maximum Capacity
Adults and Children Without Nursing	Aneurin Bevan UHB	4	19
	Betsi Cadwaladr HB	7	56
	Cardiff & Vale UHB	1	57
	Cwm Taf Morgannwg UHB	4	4
	Hywel Dda UHB	5	17
	Powys (t)HB	0	0
	Swansea Bay UHB	0	0
Adults and Children without Nursing Total		21	153
Adults with Nursing	Aneurin Bevan UHB	52	2198
	Betsi Cadwaladr HB	67	2784
	Cardiff & Vale UHB	31	1833
	Cwm Taf Morgannwg UHB	31	1631
	Hywel Dda UHB	30	1440
	Powys (t)HB	12	632
	Swansea Bay UHB	40	1879
Adults with Nursing Total		263	12397
Adults without Nursing	Aneurin Bevan UHB	115	1841
	Betsi Cadwaladr HB	218	4141
	Cardiff & Vale UHB	98	1403
	Cwm Taf Morgannwg UHB	88	1378
	Hywel Dda UHB	152	2466
	Powys (t)HB	30	633
	Swansea Bay UHB	92	1339
Adults without Nursing Total		793	13201
GRAND TOTAL		1072	25646

Table 4: NHS In-patient capacity compared with care home registered capacity by HB
Updated 10th September 2020

Health Board	Total Number of in-patient Beds*	Number of Care Home <u>Nursing</u> Beds by HB Footprint	Total Number of Care Home Beds by HB Footprint (Nursing + Residential)
Aneurin Bevan UHB	1,773	2,198	4,039
Betsi Cadwaladr UHB	2,220	2,784	6,925
Cardiff & Vale UHB	1,747	1,833	3,236
Cwm Taf Morgannwg UHB	1,210	1,631	3,009
Hywel Dda UHB	1,208	1,440	3,906
Powys (t)HB	214	632	1,265
Swansea Bay UHB	2,150	1,879	3,218
TOTAL	10,522**	12,397	25,646

*Source: Average daily available in-patient beds for NHS Wales, StatsWales. The most recent data is 2019 and predates organisational change and the transfer of Bridgend services to Cwm Taf Morgannwg UHB. This needs to be taken into account when considering the figures for CTMUHB and Swansea Bay UHB.

**Excludes Velindre Hospital

Appendix Two: Key Considerations Identified in the Rapid Review for Care Homes Report

Key considerations for health and care partnerships set out in: Rapid Review for Care Homes in Relation to Covid-19 in Wales¹⁴

Key Consideration	
1.	Each partnership might consider the nature of their relationship with their care home providers and ensure that future work is carried out in a spirit of true partnership with those providing care to some of the most vulnerable adults in the health and care system.
2.	Each partnership might consider that they might assist in ensuring that there is an “infection control” action plan in place for every care home in their area.
3.	The Health and Care partnership should support each care home to have their own business continuity plan.
4.	Each partnership might consider that they might assist in ensuring that there is a staffing contingency plan in place for their area. Health Boards may wish to seek guidance from Welsh Government on how this can be achieved within the current legal framework.
5.	Each partnership might consider how they advise care homes on the best way to deploy staff during an outbreak eliminating those staff who work in more than one setting.
6.	Each partnership might consider how they continue to support the well-being of staff who have worked through the pandemic.
7.	Each partnership might consider that they might assist all care homes in having meaningful activities in place for residents during any pandemic with a particular focus on activities that are appropriate for those who are socially isolating and for those with dementia.
8.	Each partnership might consider how the emotional and well-being support continues to be offered to all residents (including younger adults in care homes) even though the current pandemic appears to be easing in care homes.
9.	Each partnership might consider how they might assist local GPs in establishing clear enhanced arrangements for every care home in their area. Where this is not possible the practitioners who have patients in particular care homes need to be clear on their responsibilities and how they will carry them out.

¹⁴ Professor John Bolton, Institute of Public Care, Oxford Brookes University. September 2020

10	Each partnership might consider how they can assist care homes in ensuring they have equal priority for the available supply of PPE if there was a further pandemic.
11.	Each partnership might consider how they can ensure that they have the processes in place to back up the test and trace arrangements for care homes
12.	Each partnership might consider how their local risk assessments are undertaken and how these are shared with care homes enabling them to take action to reduce their risks.
13.	Each partnership might consider how they arrange for short term (intermediate care) beds to be available to help the recovery of patients who have been in hospital and are required to isolate to ensure they are not spreading the virus.
14.	Each partnership should ensure that acute hospitals understand and can use the local arrangements that are put in place to support the discharge of patients
15.	Each partnership might consider how they ensure that communication with care homes is managed in a spirit of sharing information to ensure that homes get the best possible support whilst limiting the burden on the care homes.
16.	Each partnership might consider how they determine the best way to simplify and coordinate the dissemination of national and local guidance and to share it with their care home providers.
17.	Each partnership might consider how they will support their care sector financially now and in the future.
18.	Each partnership might consider how and when they are looking to undertake “best interest assessments” under the Mental Health Capacity Act.
20.¹⁵	Each partnership might consider how they capture the lessons learned from their actions during the current pandemic where they have had to take emergency action.

¹⁵ Please note the Report contains no Consideration 19.