



Report to Executive

Meeting Date September 2024
Key Decision Yes
Public/Private Public

Portfolio – Adults and Community Health
Directorate – Adult Social Care & Housing
Lead Officer – Alan Young, Commissioning & Procurement
 Jenni Stewart, Commissioning & Procurement

Permission to Procure Older Adults Residential & Nursing Care Services Framework from 13th May 2025 in Cumberland, with Delegation to Award

1. Summary:

- 1.1. This report seeks permission to commence a Procurement exercise for a Framework for the provision of Older Adults Residential and Nursing Care Services in Cumberland. The current Framework Agreement ends on 13 May 2025, with permission requested to procure a new service from this date. The Framework will be up to 8 years; to include an initial period of 4 years, with four optional 1-year extensions.
- 1.2. The projected spend on Older Adults Residential and Nursing Care Services over the full 8-year term (following current trend of demand) is estimated between £500m and £600m, including provision for uplifts over the term and scope of commissions through the Integrated Care Board (ICB).
- 1.3. It is also requested to delegate the award of Providers to the Framework (for providers that meet or exceed the published tender criteria), to the Executive Director of Adult Social Care & Housing, following the initial tender exercise, with subsequent awards delegated to Commissioning Managers within the Commissioning & Procurement team, and also the delegation of the award of individual Service Orders/Placements, to Team Managers within the Adult Social Care & Housing team.
- 1.4. The proposed Older Adults Residential and Nursing Care Services Framework will be demand led and will respond to the needs of residents in Cumberland. The delivery of

the Framework will align to the Adult Social Care & Housing – Market Position Statement which the Council will use to support market shaping throughout the term of the Framework Agreement.

- 1.5. The Framework does not provide a mechanism for the Council to achieve efficiencies by reducing the rates (Usual Price Bandings) which we pay to Providers, as these have been set to allow all contacted providers to pay staff the Real Living Wage. Efficiencies through this Framework will need to be met by reducing the reliance on residential and nursing beds, providing more community-based services, supporting more people in their own homes or within community settings.

2. Recommendations:

It is recommended that Executive agrees to:

- 2.1. Commence a Procurement exercise for a Framework for the provision of Older Adults Residential and Nursing Care Services in Cumberland, commencing 14th May 2025, for an initial period of 4 years, with four optional 1-year extensions. The projected spend on Older Adults Residential and Nursing Care Services over the full 8-year term (following current trend of demand) is estimated between £500m and £600m, including provision for uplifts over the term and scope of commissions through the Integrated Care Board (ICB).
- 2.2. Delegate the award of Providers to the Framework (for providers that meet or exceed the published tender criteria), to the Executive Director of Adult Social Care & Housing, and following the initial tender exercise, with subsequent awards delegated to Commissioning Managers within the Commissioning & Procurement team.
- 2.3. Delegate the award of individual Service Orders/Packages of Care under Lot 1, to Team Managers within the Adult Social Care & Housing team.

Tracking

Executive:	17 September 2024
Scrutiny:	
Council:	

3. Background

Current Framework

- 3.1. In May 2018, Cumbria County Council established the Framework for Provision of Older Adults Residential & Nursing Care Services which currently has 71 providers, supporting 88 Care Homes across Cumbria. Of this total there are 44 registered providers operating within the Cumberland area, supporting 54 care homes. In addition, Cumberland Council's in house provider operates across a further 8 care homes in the county.
- 3.2. The 'open' nature of the current Framework has allowed for additional providers to enter the market to meet demand during the life of the contract.
- 3.3. All Care Homes in Cumberland have been appointed on the Residential and Nursing Care Framework. Over the term of the Framework there has been a steady increase in Out of County Care Homes joining the Framework, as and when required, to meet the needs of ordinary residents of Cumberland. Primarily the need to contract Out of County is due to service user choice, i.e., to be closer to friends/family but there are also a few placements Out of County due to individuals needs and/or lack of suitable capacity within the Cumberland market.
- 3.4. The current Framework Agreement was commissioned for an initial period of 4 years, with the option to extend for two further periods of up to 12 months. Both 12-month extensions were used prior to the original Framework end date of 13th May 2024. In order to allow Cumberland Council and Westmorland & Furness Council additional time to review the Framework Agreement, in light of the Local Government Reorganisation (LGR) and the work undertaken as part of the Fair Cost of Care (FcoC) exercise, a further 12-month extension request was approved in July 2023 with an end date of 13th May 2025.
- 3.5. There is no further provision available within the current Framework Agreement to extend this beyond 13 May 2025, so the Council will need to take a decision on whether to recommission the service or seek to deliver this via an alternative service.
- 3.6. The framework agreement has allowed Cumbria County Council, and more recently Cumberland Council and Westmorland & Furness Council to meet the increasingly complex care needs of the people of Cumbria and has achieved the following benefits:
 - Stabilised the provider market through the recognition of the increasingly complex types of care being provided in residential and nursing services; and

- Incentivised providers to develop additional complex care services to support the Council's current and future service demands.
- Standardisation of fees through Usual Price Bandings, which has resulted in over 90% of placements being made under the Usual Price. This has allowed the Council to have a consistent pricing structure throughout the framework.

- 3.7. The Framework is Cumbria-wide and is accessed by both Cumberland Council and Westmorland & Furness Council. The Framework is hosted by Cumberland Council, via an Inter Authority Agreement (IAA), which clearly sets out the responsibilities of each Local Authority.
- 3.8. The Framework Agreement for Older Adult Residential and Nursing Care Services is primarily for Older Adults aged 65+ and provides assistance with activities such as washing, dressing, using the toilet and taking medication. The Framework is not restricted to Service Users who are aged 65 and over, and the Council has a number of Younger Adults aged 18-64 who receive Residential and Nursing Services under the Framework.

Council Requirements

- 3.9. County and single tier councils are obliged under the Care Act 2014 to provide care to eligible ordinary residents of their area. Such care includes provision of Residential Care. Residents may select the provider of their choice to receive Services subject to the Care and Support and After-care (Choice of Accommodation) Regulations 2014.
- 3.10. In addition to the duties above, Local Authorities are required under The Care Act to promote the efficient and effective operation of a market for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, (including those who pay for their own care). A sustainable market is recognised as a market that has a sufficient supply of services, accounting for provider entry and exit; investment; innovation; choice for people who draw on care, and sufficient workforce supply. It also refers to a market which operates in an efficient and effective way.

Demand

- 3.11. As of April 2024, there are currently 771 customers supported through the Framework with a further 75 supported outside of the services delivered via the framework. Based on 2024/25 prices the current framework cost equates to approximately £36.4m per annum. **Appendix 1.**

- 3.12. In addition to services delivered via the framework under the Councils Usual Bandings, the Council also delivers several services outside of these bandings, including ASC Agreed Price, Out of County Host Rate Third Party Top Ups. All services delivered with related pricing, customer total and sum of cost are detailed in **Appendix 1**.
- 3.13. Since Older Adults Residential and Nursing Care Services was last commissioned in 2018, the Health & Social Care sector has experienced, one of the most challenging and volatile periods. Whilst the current trajectory is showing market growth, lessons learned mean that the Council must ensure that any new arrangements are suitably flexible to meet any sudden change in demand. A summary of the increase of demand in Dementia and non-Dementia placements is included at **Appendix 2**.

4. Proposals

The Recommended Approach

- 4.1. The initial term of the Framework will be 4 years, from 14th May 2025 until 13th May 2029, with 4 optional 1-year extensions, (the last possible end date of the Framework being 13th May 2033).
- 4.2. The Framework Agreement will be commissioned to include a number of Lots to allow the Council and the ICB some flexibility throughout the term of the Framework. Details of the proposed lots are outlined below:
- **Lot 1:** The commissioning of Residential & Nursing placements by Cumberland Council on a spot-purchased basis at the Usual Price Bandings, ASC Agreed Price, Third Party Top Ups or Out of County Rates.
 - **Lot 2:** The commissioning of Residential & Nursing placements by Cumberland Council through mini competitions. Currently there is no intention to set up alternative arrangements when the Framework Agreement goes 'live' in May 2025, but this will allow additional flexibility to setup alternative commissioning approaches throughout the term of the Framework (i.e., additional support around hospital discharge).
 - **Lot 3:** The commissioning of Residential & Nursing placements through the Framework Agreement by partner organisations (such as the ICB). Further discussions are being held with the Integrated Care Board (ICB) around scoping access to the Residential & Nursing Framework.
- 4.3. The Framework Agreement will be established with Usual Price Bandings for Residential and Nursing Services, using the Price Bandings outlined below. Details

around the type of services these rates included has been included in the Bandings Guidance in **Appendix 5**

Rate 1	Providers of Residential care will need to support Service Users with moderate needs
Rate 2	Providers of Physically Frail Care will need to support Service Users with high levels of dependency
Rate 3	Providers of Residential Dementia will be required to support Service Users with high levels of dependency
Rate 4	The Nursing Dementia band will apply to Service Users who have met the criteria for Nursing Care and have higher levels of dependency

4.4. Officers are not recommending reviewing the current Price Bandings as these have worked well under the existing Framework. We had considered implementing an hourly Residential One to One Care Rate which could be used in addition to the Usual Price Bandings outlined above, but feedback from the Operational Teams advised against this as we felt it would open the floodgates to Care Homes requesting additional funding and that any placements which required 1:1 support should be managed by Health, rather than the Local Authority.

4.5. Where the Council is unable to commission Residential & Nursing Services using the Usual Price Bandings outlined above or would like to make a placement 'Out of County', the Framework has provision for the Operational Team to agree to provide a 'top up' to the Usual Price Bandings as outlined below:

- **ASC Agreed Price:** In instances where the Council is unable to identify a suitable Care Home placement in Cumberland at the Usual Price, the Council is able to provide a Top Up to the Usual Price in order to make a placement. This will only be agreed when a suitable placement cannot be made at the Usual Price within Cumberland.
- **Third Party Top Up:** In instances where the Service User chooses to be placed in a particular Care Home which has a higher weekly cost than the agreed Usual Price, the Service User or Family Member (Third Party) agrees to pay the difference (a Top Up) between the Usual Price and the Weekly Cost agreed with the Care Home.
- **Out of County Rate:** In instances where the Council agrees to make a placement outside of the Cumberland footprint, the Provider can request to be paid the agreed Price Banding of the host authority. (i.e. if we make a placement in Newcastle, the Council can agree to pay the Newcastle Council Price Banding as part of an Out of County Rate)

- 4.6. Any Residential & Nursing placements which are based within the Westmorland & Furness footprint, will be treated as Out of County placements once the existing hosted framework ends in May 2025. Currently Cumberland Council and Westmorland & Furness Council have the same Usual Price Bandings under the hosted Residential & Nursing Framework Agreement, but there is no requirement for both unitary authorities to continue with the same Usual Price Bandings once each authorities commissions their new Framework Agreements.
- 4.7. The proposal for re-commissioning of Older Adult Residential and Nursing Care services for Cumberland Council strengthens and builds upon the current arrangements and continues contracting mechanisms to support the Council.
- 4.8. The current pricing structures will be continued and reviewed annually to implement increases to the weekly fee bandings where required in line with inflation. **Appendix 3.**
- 4.9. The Council will utilise surveys, face to face and virtual engagement events to engage with Customers, citizens, NHS partners and other stakeholders so that they can inform and help shape the re-commissioning of Older Adult Residential and Nursing Care services. This will enhance the quality of services delivered and support the delivery of services by Providers who reinvest in Cumberland in terms of the local economy and environment, as referenced in the Social Value Act 2012, and within the Council Plan regarding Localism.
- 4.10. The proposed approach is to have a Framework, with an initial joining term, so that Providers are ready to deliver services under the Framework from 14th May 2025, and following this, the Council will review new applications to join the Framework.
- 4.11. The service specification will be drafted based on engagement with Customers, the Operational Team and Key Stakeholders, this engagement will be via:
- Online Surveys on Residential and Nursing Care Services utilising Citizens Space, advertised via the Council's public social media channels. This will be an opportunity for all citizens to engage in the process. In addition we will ask providers to share the link to the survey with family, friends and concerned others where possible to ensure a wide audience has been reached.
 - Face to face events in a number of Cumberland locations to ensure the opportunity for direct conversations to take place with customers, families, providers and citizens. Prior surveys will support to inform key discussions and presentations at the events.

- Additional virtual engagement events will take place to ensure that those unable to attend events in person have the opportunity to review the current framework and inform the service delivery of the proposed framework.

- 4.12. For Providers who deliver Older Adult Residential and Nursing Care Services under the current arrangements and are successful in applying to join the new Framework all current individual packages of care will be incorporated on the new Framework from 14th May 2025, or from when they successfully join.
- 4.13. Placements (Call-Off contracts) commissioned under the current Framework Agreement for Residential & Nursing Services will continue beyond 13 May 2025, unless the Provider joins the new framework, at which point all the call-off contracts will transfer onto the terms and conditions of the new framework. If an existing provider does not join the new framework, the existing call-offs will continue under the old terms and conditions until the service comes to an end.

Delegations

- 4.14. Delegation is proposed in order to facilitate the quick and smooth process for new Providers to join the Framework, as well as in setting up individual packages of care in a timely and responsive manner. The proposed delegation is set out in recommendation 2 and 3 at the start of this report.

The Procurement

- 4.15. It has been determined that the Residential & Nursing Framework would be procured under the relevant Public Contracts Legislation as the service primarily relates to adult social care services (non-health care services), rather than health care. So, The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) would not be suitable to procure this service.
- 4.16. A more detailed consideration/assessment will be completed with Legal Services to support this procurement approach.
- 4.17. The process for Providers joining the Framework will be undertaken under the relevant Public Contracts Legislation. Invitation to apply to the Framework will be advertised as a contract notice on the government's Find a Tender and the Council's procurement portal (The Chest).

- 4.18. The Council's Contract Procedure Rules (5.13) state that Framework Agreements cannot go beyond 4 years without the approval of the Assistant Director - Commissioning & Procurement, in consultation with the Monitoring Officer. This approval is being obtained.
- 4.19. This design of the Framework means that there is maximum flexibility around the purchase of Older Adults Residential & Nursing Care Services which will support any redesign and remodelling of services which may be required during the 8 year term; be responsive to market forces, and should the Council decide, at any point during the term, that the Framework is no longer suitable, then notice can be given.
- 4.20. In summary, the rationale for the proposed 4-year initial term with 4 optional extensions of 1 year, maximum of 8 years is set out below:
- Supports Providers to commit to Delivery of Older Adult Residential and Nursing Care in Cumberland
 - Promotes stability of the market
 - Secures pricing structures – generally, prices increase when services are re-tendered.
 - There are no identified risks around this approach (The Council is not bound) the term must be set at the start of the procurement and advertised after this it is more complex to extend the term if this is required.
 - It is permissible under the relevant Public Contracts Legislation.

5. Alternative Options Considered

- 5.1. Considering the evaluation of the overall performance of the current Open Framework model, demand, market intelligence including interviews with Providers, Officers could not identify a clear rationale for major changes to the contracting mechanism or pricing structure.

6. Conclusion and reasons for recommendations

- 6.1. The recommended option sets out a contracting mechanism and approach that enables the Council to respond to changing need and demand, as well as providing the opportunity to commission new and innovative services. Importantly, this recommended option also ensures that Cumberland citizens are involved in shaping and influencing service delivery, and at more macrolevel, introducing socio, economic and environmental factors as identified in the Social Value Act, and within the Cumberland Plan relating to localism.

- 6.2. The application of delegation means that the commissioning processes are efficient and responsive, whilst maintaining governance and oversight of senior leaders and members, as required.

Implications

- 6.3. If permission is granted to commence a Procurement, with delegations for the award, Officers will:
- Undertake the commissioning and procurement as set out in the proposed approach, including engaging with Customers, Cumberland citizens and wider stakeholders, to ensure the processes and documentation are shaped appropriately.
 - Approach NHS partners (ICBs), to further explore opportunities around their access to the Framework.
 - Put into place processes which ensure the agreed delegations are met.
 - Provide updates on progress, and any significant changes, to any detail set out in this report.

7. Contribution to the Cumberland Plan Priorities

- 7.1. The commissioning of Older Adult Residential and Nursing Care Services in Cumberland aligns and contributes to Cumberland Council Plan Priorities by delivering services that improve the health and wellbeing of Cumberland residents, (services will be accessible and trusted), and the commissioning/procurement arrangements will ensure that localism and sustainability are also delivered.

8. Relevant Risks

- 8.1. The following risks have been identified in relation to the recommended option of the undertaking of a Procurement exercise for a Framework for the provision of Older Adult Residential and Nursing Care Services in Cumberland.
- 8.2. There is a risk that existing Providers delivering high levels of Older Adult Residential and Nursing Care Services do not apply to join the Framework, meaning that they cannot deliver new care home placements after 13th May 2025. This risk will be mitigated by clear communication and engagement with Providers including the opportunity for Providers to feedback concerns so that these can be reduced or resolved by Officers.

- 8.3. There is a risk that existing Providers do not meet the required standard to join the Framework. This can also be mitigated by clear communication and engagement with Providers to ensure providers are aware of the expectations of the Framework provision through prior consultation.
- 8.4. There is a risk, due to the vulnerable characteristics of existing Customers that engagement and consultation may not be as impactful as it could be, meaning that services are not shaped by Customers. This can be mitigated by conversations been undertaken by suitably qualified members of the Adult Social Care Operational Teams to ensure that Customers are engaged with in a way in which best meets their individual needs. In addition, surveys and engagement events will encourage responses from family members and concerned others to enhance the impact.
- 8.5. There is a risk that other neighbouring authorities such as Westmorland and Furness may undertake a different approach to commissioning the services and rates paid to Providers. Current research is taking place to review regional Invitation To Tenders to ensure Cumberland Council practice and rates reflect market value. A review will also take place with Westmorland and Furness Council whilst preparing the Framework. This will then require careful, ongoing monitoring and management by Officers.

9. Consultation / Engagement

- 9.1. Consultation and Engagement will shortly commence with stakeholders. This process will include provider, customer and public surveys to inform upcoming face to face and virtual engagement events. The Council's Communications Team will support in this area.

10. Legal

- 10.1. The decision to approve the start of the procurement exercise to establish a Framework Agreement for Older Adults Residential & Nursing Care Services is a proper decision for the Executive under rule 5.23 of the Contract Procedure Rules (as amended on 16.01.24) based on the value of the Framework.
- 10.2. Given the value of the framework, a procurement in accordance with the relevant Public Contracts Legislation will need to be carried out; if this is commenced before 28 October 2024, it will fall under the Public Contracts Regulations 2015 and if it is commenced from 28 October 2024, it will fall under the Procurement Act 2023 (PA 2023) and the associated Procurement Regulations 2024 (applicable value threshold for light touch services under both regimes is £663,540 including VAT). If the procurement ultimately

falls to be awarded under the PA 2023, the framework will need to be established in accordance with sections 45 to 49, as may be applicable.

10.3. Rule 5.8 of the CPRs currently provides where an internal framework agreement is established with a total value exceeding the procurement threshold, the maximum term of the framework may not exceed four years, except in exceptional circumstances following consultation with the Assistant Director Procurement and the Monitoring Officer. In compliance with Rule 5.8, this report describes the relevant approval is being sought. The proposed term would also be compliant with the relevant Public Contracts Legislation.

10.4. The decisions to delegate:

- (i) the award of the Framework to Providers following the initial tender exercise to the Director of Adult Social Care and Housing;
- (ii) subsequent Framework awards to Commissioning Managers within the Commissioning & Procurement team; and
- (iii) the award of individual Service Orders/Packages of Care under Lot 1, to Team Managers within the Adult Social Care & Housing team

are proper decisions for the Executive under Paragraph 1.4 of Part 3: Section 2 of the Constitution.

10.5. Legal services have been instructed to prepare the contract documentation.

10.6. As this is a Key Decision the Key Decision process must be followed.

(P Gray 20.05.2024) [updated FD 28.08.24]

11. Finance

Costs of the Older Adults Residential & Nursing Care Services Framework accrue to the AD Adults - Older and Younger Adults budget. Costs vary with demand but are currently estimated at £41m for 2024/25 (from a total residential budget of £52m including specialist provision). The contract cost for the proposed 4+1+1+1+1 years contract is estimated at £500m to £600m allowing for annual growth of 10% to 15% to cover cost increases due to inflation and demand. Inflation will be provided for in the MTFP in line with contract terms. DW8/5/24

12. Information Governance

- 12.1. The Information Governance team will be consulted on the contract terms and service specification as well as the inclusion of a GDPR schedule within the contract terms. Advice will also be taken on the use and completion of the Information Sharing Gateway as well as a review and update as required of Privacy Notices.

13. Impact Assessments

- 13.1. A full Data Protection Impact Assessment will be undertaken with the relevant data transferred to the Information Sharing Gateway and a Risk Assessment generated following advice.
- 13.2. A full Equality Impact Assessment will be completed with support from the Strategic Policy and Scrutiny Advisor to highlight and identify any areas of the service specification to ensure that this procurement will not disadvantage any sections of the population. Any issues identified will be addressed accordingly.

Contact details:

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Appendices attached to report:

- Appendix 1: Care Home Placements in Cumberland by rate
- Appendix 2: Residential Care Home placements for Dementia and Non-Dementia placements March 2023 to March 2024
- Appendix 3: Care Home weekly fee bandings 2024-25 with uplift from 2023-24
- Appendix 4: Total Residential Care Home providers and homes under the current Framework as at April 2024
- Appendix 5: Usual Price Banding Guidance

Background papers:

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers: None

Appendix 1 – Care Home Placements in Cumberland by rate

The chart and table below show the current Care Home Placements in Cumberland in April 2024 by rate. Figure 1 divides the placements into the four key framework rates, evidencing a current higher demand (45%) for Residential Dementia placements.

Figure 1: Breakdown of Cumberland Council – Usual Prices

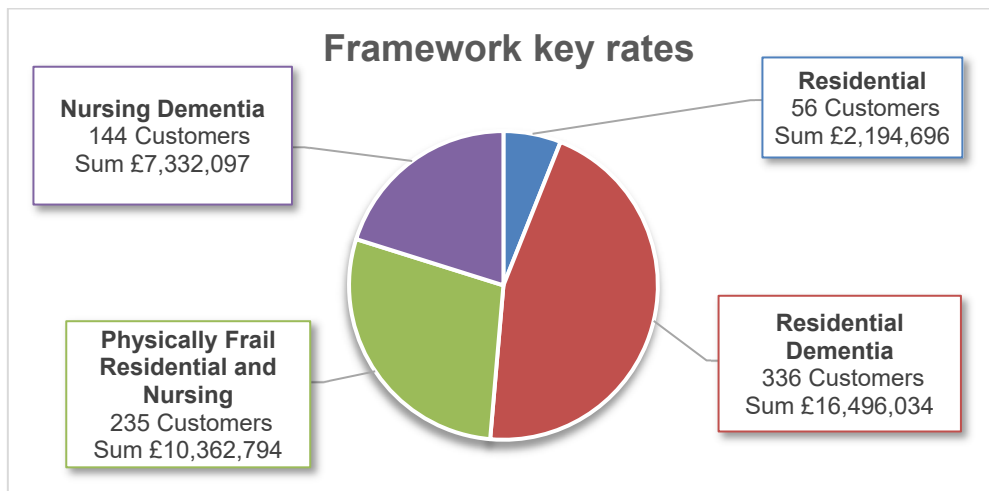


Table 1: Breakdown of Cumberland Council Usual Prices and non-Usual Prices

Service Level	Pricing Agreement	Total Customers	Sum of Amount
Residential	£752.85	56	£2,194,696
Residential Dementia	£943.11	336	£16,496,034
Physically Frail Residential and Nursing	£850.43	235	£10,362,794
Nursing Dementia	£978.11	144	£7,332,097
ASC Agreed Price Difference Total	£1,068.09*	24	£1,336,641
ASC Joint Funded Total	£1341.97*	3	£163,940
Out of County Host Rate – W&F	£946.77*	23	£1,133,580
Out of County Host Rate Total	£970.28 *	29	£1,467,062
Third Party Top Up Total	£806.00*	7	£343,726
Grand Total		856	£40,830,570

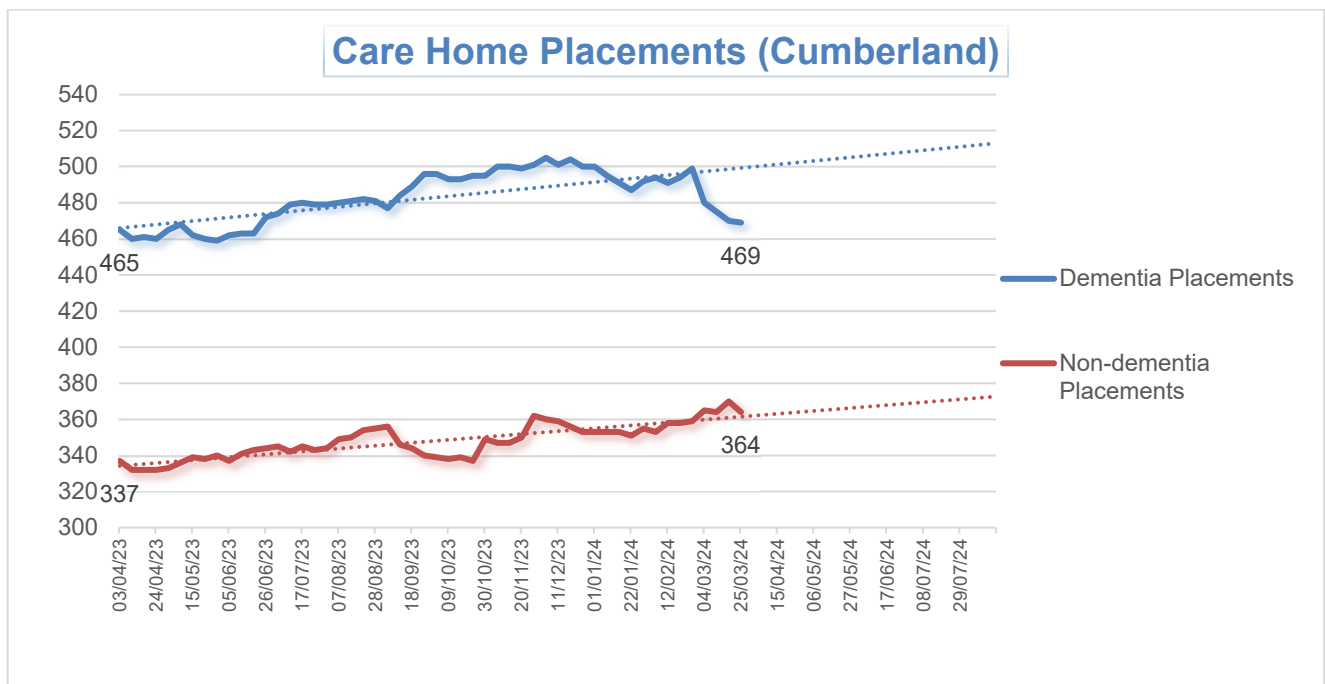
Note: Pricing agreement shows description of pricing from 08/04/2024.

Those figures with * denote mean average of price across service level.

Appendix 2: Residential Care Home placements for Dementia and Non-Dementia placements March 2023 to March 2024

The graph below shows the Care Home Placements in Cumberland from March 2023 to date. The graph divides the placements into Dementia Placements and Non-Dementia placements, evidencing a higher demand (55-57% of all in residential care) for Dementia placements, with a steeper gradient projected for Dementia placements despite a recent reduction in placements.

Figure 2: Cumberland Commissioned Care Home Placements for Dementia and Non-dementia placements April 2023 to March 2024 with projection trendline to July 2024



Note: These figures do not include the 23 placements hosted out of county in Westmorland & Furness

Appendix 3 – Care Home weekly fee bandings 2024-25 with uplift from 2023-24

The table below shows the increases to the weekly fee bandings for Older Adults under the Residential and Nursing Care Services framework from 2023-24 to 2024-25.

Table 2: Older Adults weekly fee banding rates

Older Adults Banding	2023-24 Banding Rates (Excl nursing costs)	2024-25 Banding Rates (Excl nursing costs)
Residential	£688.10	£752.85
Physically Frail – Residential and Nursing	£777.28	£850.43
Residential Dementia	£862.00	£943.11
Nursing Dementia	£894.00	£978.11

Appendix 4 - Total Residential Care Home providers and homes under the current Framework as of April 2024

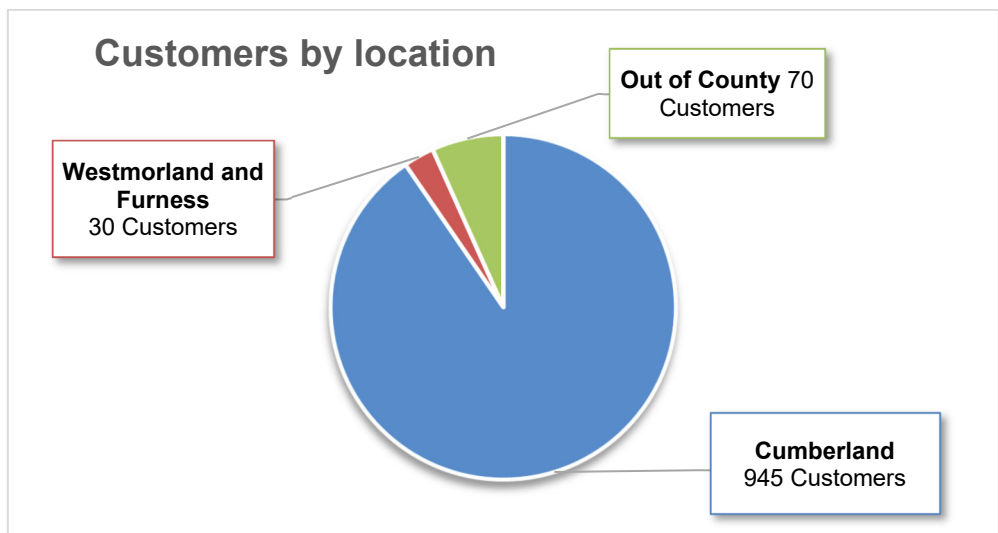
The chart and table below give a breakdown, as of April 2024, of the Care Home Providers and individual Care Homes commissioned under the current Framework Agreement, and their location: Cumberland, Westmorland and Furness or Out of County, with the number of customers in each location.

Note. The table refers to the number of providers registered on the Framework and does not account for the number of individuals supported in each location.

Table 3: Residential Care Home providers and homes by location registered under the current Framework

	Cumberland		Westmorland & Furness		Out of County		Total	
	Providers	Homes	Providers	Homes	Providers	Homes	Providers	Homes
Total	44	54	27	34	88	126	159	214
Percentage	28%	25%	17%	16%	55%	59%		

Figure 3: Residential & Nursing Care Home customers by location under the current Framework



Appendix 2

Cumbria County Council Care Home Banding Guidance

This guidance is intended to support wider assessment of Service User needs and the Provider should therefore have regard to this guidance in delivery of the Services.

The bands are:

- Residential
- Physically Frail – Residential & Nursing*
- Residential Dementia
- Nursing* Dementia

*Funded Nursing Care (FNC) assessed and paid for by the relevant CCG.

The Care Home Banding Guidance consists of two tables of need; Table 1: Physical Frailty and Table 2: Memory, Cognition & Behaviour.

Each table has three levels of care dependency; Low dependency (columns A), Moderate dependency (columns B) and Higher dependency (columns C).

Table 1 is reviewed to indicate whether the Physically Frail band applies, then Table 2 to indicate if the Dementia band applies.

Table 1 demonstrates that:

- Providers of **Residential** care will need to support Service Users with moderate needs that generally fall below those within column (C). (Service Users may some exhibit needs as set out in column (C) in these cases the ASC assessment will determine the overall level.)
- Providers of **Physically Frail** Care will need to support Service Users with high levels of dependency such as those set out in column (C)

Table 2 demonstrates that:

- Providers of **Residential Dementia** will be required to support Service Users with high levels of dependency such as those set out in columns (B) & (C)
- The **Nursing Dementia** band will apply to Service Users who have met the criteria for Nursing Care and have higher levels of dependency as established above.

Needs listed in each of the tables are indicative of the level of care to be provided within Care Homes and are not exhaustive. It is recognised that Service Users may display needs across bandings, in these cases the Social Worker's professional judgement will prevail.

CUMBRIA COUNTY COUNCIL CARE HOME BANDING GUIDANCE TABLE 1: PHYSICAL FRAILTY

	Low dependency (A)	Moderate dependency (B)	Higher dependency (C)
	<p>Providers of <u>Residential Care</u> will need to support Service Users with moderate needs that generally fall below those within column (C). Service Users may some exhibit needs as set out in column (C), in these cases the ASC assessment will determine the overall level.</p> <p>Providers of <u>Physically Frail Care</u> will need to support Service Users with high levels of dependency such as those set out in column (C)</p> <p>Needs listed below are indicative of the level of care to be provided within Care homes and are not exhaustive.</p>		
Communication	<ul style="list-style-type: none"> Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing. 	<ul style="list-style-type: none"> Regular assistance and encouragement to communicate needs. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual. 	<ul style="list-style-type: none"> Unable to regularly and reliably communicate their needs, even when all practicable steps to assist them have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.
Mobility/ personal care	<ul style="list-style-type: none"> Assessed as being at high risk of falls Able to transfer with a Standaid or independently onto commode for example (transfer only). Occasionally requires 2 carers for moving & handling Occasionally requires hoisting at times i.e. in the presence of infection/illness. 	<ul style="list-style-type: none"> Not able to consistently weight bear. Regularly able to cooperate with moving and handling and personal care. Occasionally requires 2 carers for moving & handling 	<ul style="list-style-type: none"> Needs to be hoisted for all transfers. Requires 2 carers to support with moving and handling the majority of the time. Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate. Requires regular turns and or positioning to meet specific pressure care needs. Full intervention and practical support with all personal care tasks. Regular assistance required during the night time
Nutrition	<ul style="list-style-type: none"> Needs supervision, prompting with meals and may need feeding /support with feeding of meals Able to finger feed and use a spouted cup Requires a specialised diet – diabetic, adjusted food and fluids (thickened, pureed etc.) 		<ul style="list-style-type: none"> Regular one to one assistance prompting and or active assistance with eating and drinking Specialist diet as directed by Speech and Language Therapist i.e. soft diet, fork mashable, stage 1,2 & 3 fluids.
Changes in consciousness	<ul style="list-style-type: none"> History of altered states of consciousness but effectively managed and there is a low risk of harm. 	<ul style="list-style-type: none"> Occasional episodes of altered states of consciousness that require the supervision and intervention of a carer or care worker to minimise the risk of harm. 	<ul style="list-style-type: none"> Regular episodes of altered states of consciousness that require the supervision of a carer or care worker to minimise the risk of harm/ occasional episodes that require skilled intervention to reduce the risk of harm.

NOTES: By *occasional* we mean something that happens from time to time i.e. infrequently or irregularly.

By *regular* we mean something that happens uniformly and frequently

CUMBRIA COUNTY COUNCIL CARE HOME BANDING GUIDANCE TABLE 2: MEMORY, COGNITION & BEHAVIOUR

	Low dependency (A)	Moderate dependency (B)	Higher dependency (C)
	<p><i>Providers of Residential Care will need to support Service Users with needs that generally fall below those within column (B). Service Users may some exhibit needs as set out in columns (B) & (C), in these cases the ASC assessment will determine the overall level.</i></p> <p><i>Providers of Residential Dementia will need to support Service Users with high levels of dependency such as those set out in columns (B) & (C)</i></p> <p><i>The Nursing Dementia band will apply to Service Users who have met the criteria for Nursing Care and have higher levels of dependency as established above.</i></p> <p><i>Needs listed below are indicative of the level of care to be provided within Care homes and are not exhaustive.</i></p>		
Behaviour	<ul style="list-style-type: none"> • Some incidents of behaviours with a risk assessment that indicates that the behaviour does not pose a risk to self, others or property or a barrier to intervention. The person is compliant with all aspects of their care. 	<ul style="list-style-type: none"> • Incidents of behaviours that follow a predictable pattern that can be managed by care workers to maintain a level of behaviour that does not pose a risk to self, others or property • Occasionally non-complaint during personal care input 	<ul style="list-style-type: none"> • Regular behaviours that poses a risk to self, others or property. • Full practical support with personal care and engages in daily non-compliance • Risk of retaliation from others due to level of behaviour the Service User presents i.e. invading personal space
Cognition	<ul style="list-style-type: none"> • Cognitive impairment that requires some supervision, prompting and/or assistance with daily living activities. Some awareness of needs and basic risks is evident. • Some supervision, prompting or assistance with more complex activities of daily living, e.g. finance and medication. • Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. • At risk of wandering to due impaired orientation • Some direction to facilities required but can sequence tasks such as using the toilet for example • requires some prompting to ensure personal care/hygiene but still retains practical abilities 	<ul style="list-style-type: none"> • Is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration. 	<ul style="list-style-type: none"> • Cognitive impairment that could include frequent short-term memory issues and maybe disorientation to time and place. Awareness of only a limited range of needs and basic risks. • Finds it difficult, even with supervision, prompting or assistance, to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.
Psychological/ Emotional	<ul style="list-style-type: none"> • Requires daily reassurance to promote their emotional wellbeing • Respond to prompts and reassurance in periods of anxiety and distress • Requires prompts to motivate self towards activity and to engage in care planning, support and/or daily activities. 	<ul style="list-style-type: none"> • Mood disturbance or anxiety symptoms or periods of distress which do not readily respond to prompts and reassurance 	<ul style="list-style-type: none"> • Mood disturbance or anxiety symptoms or periods of distress that have a severe impact on the individual's health and/or well-being. • Requires reassurance several times a day to promote their emotional wellbeing • Withdrawn from any attempts to engage them in care planning, support and daily activities.

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