

Report title: Care Home Closures Research	
Report to: Health Overview Policy and Scrutiny Committee	
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County Divisions affected: Not applicable	

1. Introduction

- 1.1 This paper briefs members of the Committee on a new national research study (for which Essex will be a case study site), conducted by the University of Birmingham with funding from the National Institute for Health Research (NIHR). The study is funded by a prestigious 'NIHR Programme Grant' and this is first time that such funding has been awarded (after a very competitive national process) for a social care study.
- 1.2 Building on a previous pilot in Birmingham (believed to be the largest closure programme in the UK), the study explores what happens to older people and care staff when homes close, how best to manage closures in a way that minimises negative outcomes for older people and families, and key lessons for Councils as they manage future closures.

2. Background

- 2.1 Care homes for older people are a crucial service, supporting some 400,000 people 24 hours a day/365 days a year. In an era of austerity, care markets are increasingly fragile, and the very logic of a 'market' implies that the risk of failure has to be real for there to be sufficient incentives for providers to deliver appropriate care at the right price. However, when care homes close – whether through financial problems, care failings or other factors – the received wisdom is that subsequent relocation can be detrimental to the well-being of older residents. Despite this, there is little formal evidence to guide services when undertaking such sensitive work, with local areas 'reinventing the wheel' each time a closure takes place/failing to share learning externally. In particular, the study asks:
- 1) What is the pattern of care home closures nationally, how are they undertaken in different Councils and what do Councils consider to be best practice when supporting older people at such potentially stressful times?
 - 2) How do older people experience closures, what impact does closure have on health and quality of life, and how can any negative impacts be reduced?
 - 3) What impact do closures have on care staff and local care markets, and how can negative impacts be reduced?

- 4) What are the costs and consequences of closures, and the key data required to make this estimation? Can we develop a modelling framework to drive appropriate data collection for future home closure prediction to mitigate adverse outcomes?
- 5) How can future closures be planned and conducted in a more evidence-based manner, so that outcomes for older people are improved and negative impacts reduced?

2.2 Care To answer each question the following approaches will be taken:

- 1) National survey of Directors of Adult Social Services supplemented by Care Quality Commission data.
- 2) Four case study sites:
 - Interviews with key stakeholders (commissioners, managers, Healthwatch and broader health partners)
 - Interviews with older people, families, care staff and social work assessors during the closure process
 - Outcome's data (EQ-5D, ICECAP-O and outcomes identified in the literature on what older people value about care services) at initial assessment, 28-day review and one-year follow up
- 3) Survey of care staff (ProQOL) before and after closures, supplemented with individual interviews; interviews with local authorities (commissioners, provider services, social workers) and care home providers, supplemented with documentary analysis.
- 4) Preliminary model-based economic evaluation comparing the costs and consequences of alternative pathways of care for residents when homes close (including costs for residents, families, staff and local authorities)
- 5) The study will provide clear/accessible guidance to improve outcomes for older people, supported by key implementation partners, to ensure that future closures are conducted in a more evidence-based manner. This includes a good practice guide sent to every Director of Adult Social Services (DASS)/Clinical Commissioning Group (CCG)/Ambulance Trust in England; an accessible guide for older people/families; and a free training video for care staff.

3. Update and next steps

3.1 Essex is taking part in the study as a case study site. This will involve the research team carrying out interviews with key health and social care stakeholders; basing themselves in a care home that is closing to interview older people, families, care staff and social workers; collecting health and well-being data before, during and after the closure; exploring outcomes for care staff; interviewing commissioners and providers; and analysing costs and outcomes of closures. Essex has been really supportive of the research, and the Director of Adult Services is the representative of the Association of

Directors of Adult Social Services on the national advisory board of the project. The research team is attending a number of meetings and briefing key people in Essex to help socialise the project and raise awareness of Essex's commitment to supporting research.