

Appendix 1

MEETING	Health and Wellbeing Board
DATE	10 th November 2016
REPORT	Care Homes Projects Update
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Background:

1.0. National Context:

There are now 11.4 million people aged 65 or over in the UK (Office of National Statistics, 2015). There are an estimated 5,153 nursing homes and 12,525 residential homes in the UK (Age UK, 2013; Laing and Buisson, 2014). One in Six persons over the age of 85 lives permanently in care homes, hence the Care Sector is an essential part of care provision (Five Year Forward View, 2014). There are more beds in care homes, with and without nursing for older people than the National Health Service (NHS) (Care Quality Commission, 2012). These homes are owned by a range of commercial, not-for-profit or charitable providers and their residents with increasingly complex health care needs. The importance of this care provision is recognised in the Five Year Forward View (2014) with the focus on new care models to enhance health in care homes.

A recent report by Spilsbury et al (2015) on the current state of practise, pertaining to care home nursing, highlighted poor staff knowledge and competence usually led to poorer patient outcomes. The current National Institute of Clinical Excellence (NICE) (2015) guidelines assert the importance in the development of the care sector workforce (qualified and unqualified staff) in ensuring the workforce have the right knowledge and clinical skills to be competent in the care they provide to their residents.

2.0. Local Context

Barnet has one of the largest numbers of care homes in Greater London (84 residential and 19 nursing homes) with a total of 2,921 beds (CQC, 2015). This leads to the borough having capacity in Care Homes with health needs from other areas. The table provides a comparison of Care Homes within North Central London.

North Central London Care Homes Provision

	No of Homes	No. of Beds
Barnet	84 residential 19 nursing homes as well as a handful of care homes for Physical and learning disabilities	2,921
Camden	11 care home 4 extra care schemes	460 125 flats
Enfield	49 care homes for older people and a total of 104 care homes overall	2,029
Haringey	10 residential 2 nursing homes	436
Islington	9 care homes	505

Despite the challenges, London Borough of Barnet (LBB) and Barnet Clinical Commissioning Group (CCG) are jointly committed to developing services for older people in line with national strategies and statutory requirements - The Care Act, (2014); The NHS Outcomes Framework 2015/16; A Vision for Adult Social Care: Capable Communities and Active Citizens (2010); Putting People First (2007); Care Services Efficiency Delivery (2011) and the NHS Five Year Forward View (2014).

As a result of the high number of care homes, Barnet has an increased level of activity being seen by London Ambulance Services (LAS) and Accident and Emergency Services. This is partly due to fragmented care and the complexity of the patients health needs. This presents itself with both quality and financial challenges for the health and social care system. The CCG Finance Performance and Quality (FPQ) and Quality Improvement Productivity and Prevention (QIPP) Committee agreed to fund these schemes out of the funding reserves to deliver benefit to both patients and the organisation.

3.0 Care Homes Project

The Care Homes Project has the following schemes of work and has been operational since September 2016

SCHEME 1: Care Homes Enhanced Support Service (CHESS)

CHESS-is an integrated care model to deliver timely care to older people in care homes, to reduce avoidable hospital admissions, use of unplanned care and improve the quality of care for the patients.

CHESS is made up of a multi-disciplinary team: Geriatrician, Pharmacists, Nursing, Therapist and the GP as the accountable clinician.

This model of care is being piloted in 10 homes with the highest LAS conveyances and the smallest amount of admission conversion. The cohort of patients are identified through clinical decision risk assessment audit tool and will be supported through the use of the RISC stratification tool when implemented in identifying the patients most at risk through preventative pathway management as well as early identification of the deteriorating patients.

SCHEME 2: Rolling Programme of Training to trained and untrained staff.

- 2a** Workforce Training and Development, a key deliverable in the Barnet Integrated Care Home Strategy (2015), highlighted the issues of high turnover in the Care Sector workforce. A training needs analysis was carried out in Quarter 1 in collaboration with London Borough of Barnet and resulted in key training identified to be delivered. The areas identified are: Dementia Awareness, End of Life Care (including Advanced Care Planning), Dementia and Communication skills. The training program is delivered to all staff in the Care Sector in Barnet in improving their competence in care delivery.
- 2b** Significant Seven (S7), a training tool implemented in Barnet to support staff in the early identification of the deteriorating patient. Barnet CCG, through collaborative working with the Local Authority-Integrated Quality Team in Care Homes is piloting the tool in 10 Care Homes (different homes to the homes in Scheme 1). This training tool has the potential to further scale up to include other Care Homes once the evaluation is completed in December 2016/January 2017 to develop the full Business Case for the Care Homes Project.

4.0 Progress to Date

Scheme 1-CHESS has been operational since September 2016. The CHESS team are currently working in 7 homes and will be fully operational in all 10 homes by the ending of October. Evaluation will be completed in January 2016 to develop a full business case.

Pharmacists in care homes were tested in April-July 2016- the findings highlighted the medicines management interventions made; prevented patients going to hospital. The report also identified the knowledge and competency gaps of the workforce which is already known.

Provisional feedback through the provider:

Patient story 1: A 72yrs old gentleman with a history of prostate cancer and long term catheter. The catheter regularly gets blocked, this leads to LAS call out and a short stay Accident and Emergency admission for a blocked catheter. This happens on a weekly basis. Since the implementation of CHES, this gentleman now sees the urology nurse in an outpatient clinic resulting in no further use of LAS or A&E attendance for a blocked catheter.

Patient story 2: An elderly lady on palliative care regularly uses LAS when staff deem her unwell, this happens on a weekly basis. Since CHES has started, a Multidisciplinary Team Meeting was held, Do Not Attempt Resuscitation (DNAR), Advanced Care Planning completed. All staff are now aware and best supported to care for this lady as she approaches the end of her life.

Care Home Manage Feedback: 'I welcome the support the team has provided, otherwise we would have called LAS'.

Key Performance Indicators: These will be monitored through monthly reporting as per contractual obligations.

Scheme 2: Rolling Programme of Training to trained and untrained staff.

- 2a Suite of Training:** Good uptake from the Care Sector reported. Training is delivered each month until the ending of March 2017 to support and develop the workforce clinical competency in improving quality of care.
- 2b S7:** Five Care Homes have completed the training with over 90% of the workforce trained. This training tool is embedded in research methodology and focuses on staff knowledge base. The Care Advisors in the Local Authority provides additional support to each Care Home already trained. One training session attended by the project lead-staff reported this tool will support them in raising concerns in ensuring patients receive timely care. Overall feedback, Care Home managers have positively received the support in developing the competency in the staff.

The additional homes will complete the training by ending of November 2016. The evaluation will commence in December 2016 for completion in January 2017 to support the development of a full business case and to complete the staff six weeks post training evaluation.

5.0 Conclusion

The overall view is, the two schemes of work are having a positive impact. It is difficult to fully assess its full impact at this stage. Full evaluation is scheduled for January 2017 to support the development of a full business case. This intelligence supports the need for the CCG and the Local Authority to jointly implement a single quality assessment framework (QAF) tool. The QAF tool was presented at the Joint Commissioning Executive Group (JCEG) on 24th October 2016. The use of this tool will ensure services commissioned are of a high quality whilst we continue our commitment in supporting the Care Sector.