New Care Models: Learning from the care homes vanguards

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Enhanced Health in Care Homes

Providing joined-up primary, community and secondary, social care to residents of care/ nursing homes and Extra care Living Schemes
But none of this is that new…

There are a range of excellent resources already available and there is great work going on all over the country.
There's a significant evidence base for this work

- Standard healthcare provision delivered to care homes does not meet residents needs but **well-tailored services can make a significant difference**
- **Consensus re characteristics of high quality care** – consistent access to expertise in geriatric medicine; investment in cross-organisational working; structured interventions which can be monitored – but still divergence of views as to the significance of each of these elements
- Importance of considering health in relation to **wellbeing, mental health and “a better life”**
- **“Relational working”** (care home staff + visiting healthcare professionals) is key success ingredient – incentives, protocols and boosting clinical input/expertise not enough on their own
- **Good leadership, co-production with providers, residents, staff, families and carers vital**
- **Investment in targeted training for staff** esp. in relation to dementia, management of LTCs and EOL – poor staff knowledge associated with increased ambulance calls & GP referrals
- Robust evidence re **Comprehensive Geriatric Assessment** and improved outcomes for residents

So we all know what to do, but how do you do it and why now
Going back to the start

50 vanguards selected

5 new models of care with a total of 50 vanguards:

- Integrated primary and acute care systems (9)
- Multispecialty community providers (14)
- Enhanced health in care homes (6)
- Urgent and emergency care (8)
- Acute care collaboration (13)

Clinical engagement

Local ownership

National support
Real challenges

- England 3x as many beds in care homes as there are in the NHS but reduction in numbers of nursing home beds this year + increase in care home closures
- Social care faces significant financial pressures
- Care homes residents are a frail, vulnerable population with increasingly complex needs & dependency
- Hospital-based interventions have limited effectiveness for this population
- Ageing population with 1 in 7 over 85 living in a care home
What the vanguards are doing differently is trying to do this in a joined up way across a place and population...

...we have intentionally built on what already exists
What is the EHCH model about?

Person-centred change
- Putting the needs of the resident or person with care needs at the centre of any changes
- Supporting carers and families as well as those with care needs

Co-production
- Working and integrating with local government, the community and the voluntary and care homes sectors to co-design and co-deliver the model of care
- Acknowledging the value of the care home sector in supporting the NHS and the significant level of healthcare that is delivered in care homes by social care staff
- Adopting a whole-system approach, breaking down organisational barriers between health, social care and the voluntary sector

Quality
- A focus on quality as the driving factor for change
- Using clinical evidence to support as well as drive change

Leadership
- Strong leadership and a joint shared vision for better care
- Recognising the cultural differences between organisations and different types of commissioner and provider and focussing on the shared care aims despite differences in language and process
How are the vanguards improving care?

• Video to be inserted here
6 places is great…but imagine if we could go from 6 to the whole country
How are we planning on achieving this

What do we want to spread?

- The EHCH care model and its key elements and interventions as defined in the framework.
- If you’re not ready to implement the full care model, adopt and adapt the frugal innovations which individually do not make a significant impact but aggregated make a series of marginal gains which can significantly improve quality, sustainability and outcomes.

However...

- Spread of the EHCH care model isn’t about decommissioning existing services where these work well and fit local circumstance.
- We want to build upon good practice that is already in place in many areas, recognising differing levels of existing provision against each element of the model.
- Other local factors such as clinical variations, mix of system providers, digital and physical infrastructure, and the local employment market will also influence the pace at which each area can implement the model.
- Framework published 29th September
- Aims to describe the care model and describe plan for spread
- Care model has 7 core elements and 18 sub elements
- Intention to spread the care model across England next year
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<th>Care element</th>
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| 1. Enhanced primary care support | Access to consistent, named GP and wider primary care service  
| | Medicine reviews  
| | Hydration and nutrition support  
| | Access to out-of-hours/urgent care when needed |
| 2. MDT in-reach support | Expert advice and care for those with the most complex needs  
| | Helping professionals, carers and individuals with needs navigate the health and care system |
| 3. Re-ablement and rehabilitation to support independence | Reablement / rehabilitation services  
| | Developing community assets to support resilience and independence |
| 4. High quality end of life care and dementia care | End-of-life care  
| | Dementia care |
| 5. Joined up commissioning and collaboration between health and social care | Co-production with providers and networked care homes  
| | Shared contractual mechanisms to promote integration (including continuing healthcare)  
| | Access to appropriate housing options |
| 6. Workforce development | Training and development for social care provider staff  
| | Joint workforce planning across all sectors |
| 7. Harnessing data and technology | Linked health and social care data sets  
| | Access to the care record and secure email  
| | Better use of technology in care homes |
Self-assessment tool

- Since the launch of the framework we have been developing a simple self-assessment tool
- Bring together your partners to work through the tool
- You will discover things you didn’t know were out there
- We will look to offer support to you to develop your work
- We will launch this in the new year
What have we learned from the care home vanguards

- **Person centred** approach essential and focus on the populations health

- Build collaborative system **leadership** and relationships around a shared **vision** for the population

- Care homes **critical** partner in the work at all stages

- Able to see very quick benefits for **residents**, **providers** and **wider system**

- Not one change that makes a difference, requires a **coordinated approach** to improvement

- Opportunities to apply the care model **wider than just care homes**
For more information

- [www.england.nhs.uk/vanguards](http://www.england.nhs.uk/vanguards)
- [#futurenhs](https://www.england.nhs.uk/)  
- [#kfcarehomes](https://www.england.nhs.uk/)