MEETING:	Joint Commissioning Board
DATE:	21 February 2013
TITLE:	Integrated Care – Care Homes
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SUMMARY:

Background

The care homes project was started as a pilot in early 2012 and subsequently rolled out to 10 care homes from October 2012.

North (Chase Farm)		South (North Middx)	
Home	Start date	Home	Start date
Elizabeth Lodge	Jan 2012	The Hollies	Oct 2012
Springview	Jan 2012	Sunbridge Care Centre	Oct 2012
Parkside	Jan 2012	Murrayfield	Oct 2012
Nairn House	Jan – On hold	Southgate Beaumount	Oct 2012
Autumn Gardens	July 2012		
Hugh Myddleton	July 2012		

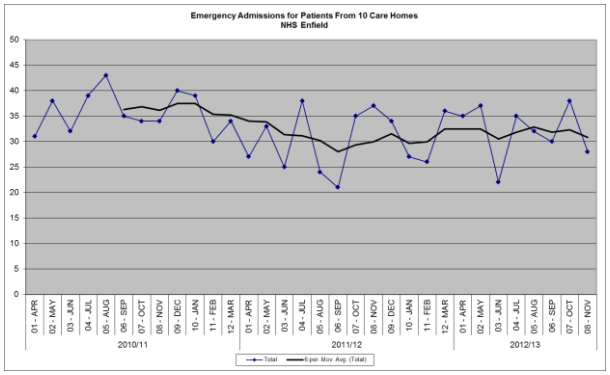
The Care Homes Team (CHAT) consist of a North and South facing team of a consultant geriatrician employed by the respective trusts, a community matron and a clinical psychologist.. Each team attends each nursing home one day a week reviewing patients in the morning and completing clinics in the afternoon. Care plans are developed and medication is reviewed for each resident, and where appropriate, Advanced Care Plans (ACP) and DNARs are put in place. The team also provide training for the care homes staff:

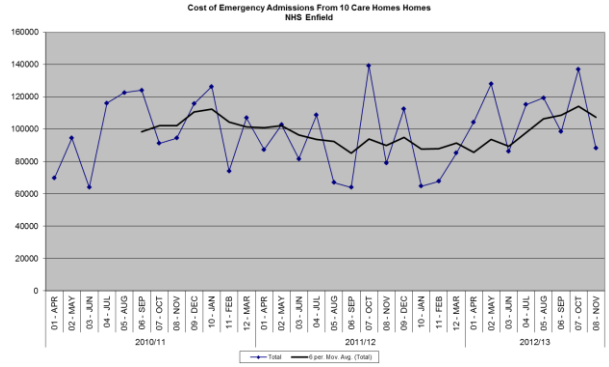
- Managing challenging behaviour; and
- Advanced care planning.

The aim is to roll the project out to the 17 homes that had the highest emergency admissions in 2010/11. Although the service has many qualitative benefits, it has yet to substantially reduce emergency admissions. Below are KPIs reported by the CHAT team:

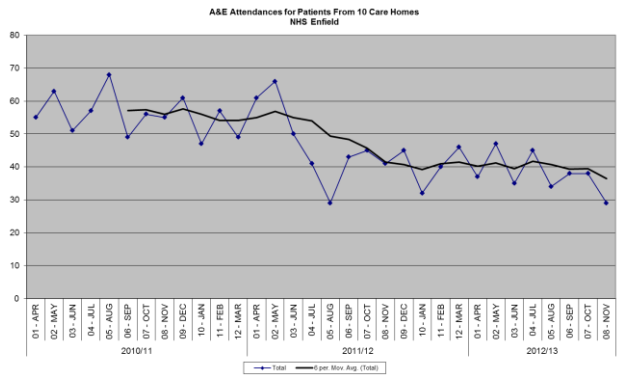
- Of people who died in home from May to December 96% of people died in their preferred place of care
- >950 patients reviewed (Rolling Review & Acute Clinic) May to December
- 54 ACP's and 108 DNR's completed April to December
- 169 medications stopped and 21 patients taken off antipsychotics to date
- The teams view is that
    - 296 GP calls were avoided May to December
    - 299 admissions were admissions May to December .

An analysis of SUS data till the end of November shows that, since the start of the project, there have been 13 more admissions than in the equivalent period in 2011, the cost of which is £136K higher. The graphs below highlight the gradual decreasing trend of admissions and the increasing trend in costs.





Admissions in both October and November have shown a minor reduction from the 2011 figures. Comparing just the month of November, emergency admissions are lower than in 2011 (28 v. 37), but the cost is £9k higher. .



A&E attendances are 26 lower (242 v. 268)(see table opposite), but the cost is only £1.1k lower. However, in November, attendances were 12 lower and in October - 2 lower.

Outpatients attendances are 59 lower (303 v. 362), and the cost £8.3K lower. However, Patient deaths following emergency admission rose to 6 in November, the highest figure since February.

Further analysis is being completed to understand the reasons for increased unit costs.

Proposed Actions

A review of the project was undertaken resulting in several actions to understand why the emergency services are called when the team are not present on site and to design and implement an out of hours service with the aim of reducing admissions:

- The team started audits at each of the homes to understand the numbers of LAS callouts, assess the reasons for the calls and track if these resulted in an admission – this will be completed by 24/2/13;
- Discussions have started with LAS to assess the possibility of having a 'paramedic' led service that could assess the patient's condition with a view to directing them to CHAT the following day, ICT or the acute as appropriate;
- The aim is to pilot the service in 4 homes (Autumn Gardens, Springview, Murrayfield and Sunbridge) from the end of February and to assess the impact on admissions. On the assumption this is successful; it will be implemented in the remaining 6 homes from the end of March. Another review should be completed at the end of May to assess progress.

- The meeting with LA on 11/2 agreed, in principle, to work together to define a strategic approach to care homes which will ultimately deliver an outcome based contract for 2014/15 ideally, thereafter care homes will be asked to contribute suggestions building on the infrastructure LBE have implemented as part of the 'my home life' project. This is about care homes taking more responsibility for improving quality of care and delivery of staff training.
- For the homes involved to date, a workshop is being planned to get their feedback on the project and to understand what else they can do to support a reduction in emergency admissions. GPs will also be asked to attend and provide their feedback. This will take place by the end of March.
- At the next review meeting(CHAT and commissioner), scheduled for 28/2, we will be presenting the plans for integrated care and assessing how CHAT can adapt given the future landscape and the need to deliver a reduction in emergency admissions whilst sustaining a cost effective service
- It has become clear that there are many GPs aligned to care homes (e.g. one home has 24 GPs linked to it) – further analysis is required to assess if this is the best approach for the care homes residents.

Tissue viability

- The objective of this service is to provide specialist input to care homes to provide input and training on how to manage pressure ulcers at an earlier stage to prevent grade 3 and 4 pressure sores.
- The project is now in 19 care homes with additional support being provided for residential homes by the District Nursing Service.
- The team is now fully staffed – a Band 7 Specialist nurse was recruited in November. A secondment for a Band 5 nurse from the DN service started in January 2013. The TVS team as a whole is responding to the needs of the Care Home Sector in relation to tissue viability education and training and clinical practice.
- Patients suffer from a variety of wound care problems however the main problems are related to pressure ulceration, not all of which have developed in the homes; a a significant number are being admitted from hospital with these wounds.
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- To date:
    - Education and training has been delivered to 92 care home staff from 13 care homes;
    - Tissue viability care has been delivered to 98 residents
    - Referrals from Care homes are increasing

SUPPORTING PAPERS:

Appendix A project plan.

RECOMMENDED ACTION:

The Board is asked to:

- NOTE the contents of this report.
- Approve the plan of action
- Agree the end of June date for further review

Objective(s) / Plans supported by this paper: This supports the Integrated Care programme delivery

Audit Trail:
The paper is being presented to FR&Q and will form the basis of a paper for the Joint Commissioning Board.

Patient & Public Involvement (PPI):
Patient carer feedback to be included in the plan

Equality Impact Assessment:
Will address as roll out continues

Risks: Risks are included on the attached plan – Appendix x and include

Resource Implications:

Risk	Mitigation
NMUH do not agree to funding the project with the 30 day readmissions funding	Commissioner to negotiate with NMUH
GP practices not fully signed up to the model	Include GPs in the workshop to review current model
Care homes unwilling to change their practices	Work with the LA to develop a joint approach to care home commissioning ensuring that there is focus on continuous improvement for the benefit of services users/patients
Responsibilities for partaking organisations is unclear	Clear definition of expectations from GPs, Care homes, ECS and LA to be developed
Emergency admissions continue to rise	Work with care homes to understand the causes of admissions, work with the care homes to implement a process to reduce admissions.
Inconsistent data reporting across the system	Information analysts to review and provide robust approach
Access to patient data required in and out of hours	Protocols for information sharing to be agreed by all parties
The number of coroner inquests could increase as more patients/residents die in their place of choice	Meet with Coroner to discuss and agree approach

- Support from LAS will be required to deliver the revised service
- Project management capacity is required to address the task outlined above.
- Further information analysis support will be required.

Next Steps:
- As above