


Item Number:	
NHS VALE OF YORK CLINICAL COMMISSIONING GROUP	 Vale of York Clinical Commissioning Group
GOVERNING BODY MEETING	
Meeting Date:	
Title: Care Homes Expert Reference Group	
Responsible Chief Officer and Title	Report Author and Title
Fiona Bell, Head of Innovation and Improvement/Deputy Chief Executive	Becky Allright, Joint Commissioning Manager
Strategic Priority The NHS spent over £20 million in 2012-2013 within the care home sector, and quality and performance issues are a key part of the CCG's work area.	
Purpose of the Report To provide an update on progress and next steps for the project.	
Recommendations <ol style="list-style-type: none"> 1. The group will be extended to include all social care providers including domiciliary care agencies. 2. The group will advise and support work that support further reductions in urgent and planned admissions for care home residents and seek to improve clinical pathways. 3. The group will no longer report to the Urgent Care Working Group, and will instead report to the Integrated Delivery Group as part of the Better Care Fund negotiations 	
Impact on Patients and Carers The project will improve patient and carer access to clinical support for all home care clients and care home residents in the Vale of York	
Impact on Resources (Financial and HR) None	

Risk Implications None
Equalities Implications None.
Sustainability Implications None

GOVERNING BODY MEETING: (Insert Date)

Report Title

1. Purpose of the Report

1.1 Care Homes are one part of the health and social care sector which supports vulnerable people and frail elderly to remain independent. The NHS spent over £20 million within the sector in 2012-2013 across continuing healthcare, fast-track placements, urgent admissions and patient transport.

1.2 The Care Home Working group has supported a range of projects to support the QIPP agenda in 2013-2014 which are now being evaluated. This report outlines the findings of this work and future developments planned for 2014/2014.

2. Background

1. York has 2.8 care home beds per head of population 75 and over, compared to an SHA and national average of 4.2 in Yorkshire and Humber and 4.4 in England. In 2011 there were seven times as many people over 80 years old living in City of York, as available care home beds. Around 2/3 of care home residents are not funded by the Local Authority as they do not meet the criteria for financial support, meaning they are self-funding their own care.

The level of care provided in care home settings is increasingly complex.

The average length of stay in a care home setting for residents is around 18 months. The care home's role is to coordinate care and support for their residents through a variety of care pathways, and works with NHS, social care and family stakeholders to support the resident.

2. There are two types of care home, care homes with nursing, who have nursing staff available to oversee care, and care homes (Formerly known as residential). Care home residents do not have immediate access to nursing advice/support and must request help externally. Currently primary care and community NHS support services are not always proactive in supporting end of life care in care home settings, and residents are often admitted to hospital due to a critical health issue, which is related to the end of life phase.

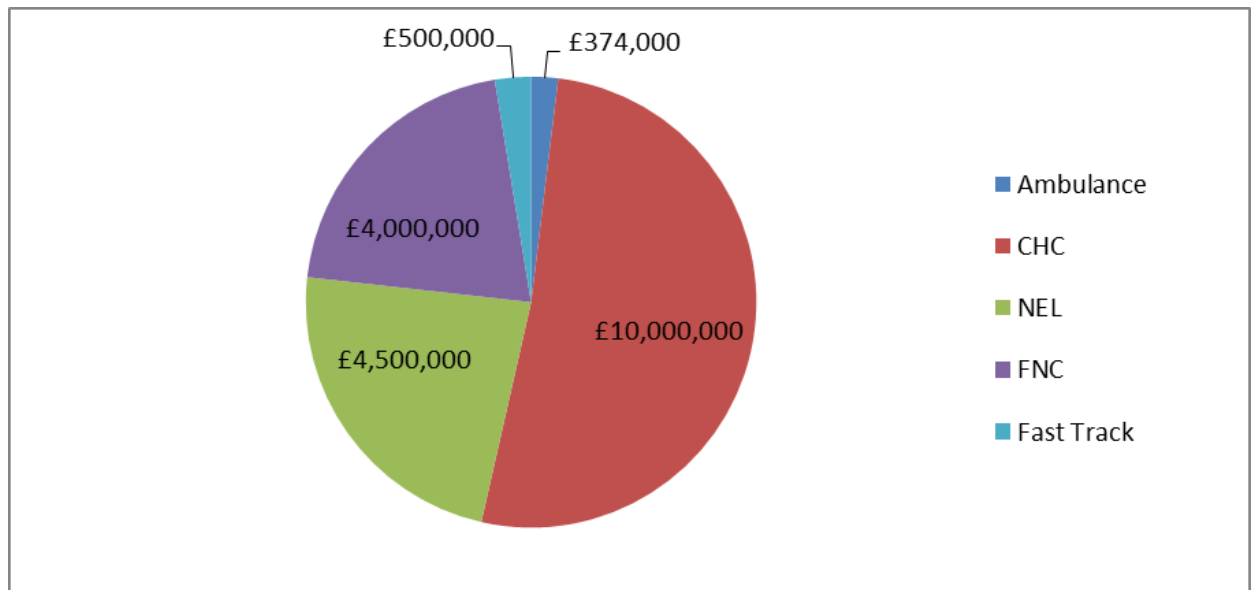
3. Within the Vale of York there are 78 care homes providing over 2500 beds. 35 homes (896 beds) are in North Yorkshire, 42 homes (1553 beds) in York, 7%, 2 homes with 157 beds are in East Riding. Homes vary considerably in size, and many of the smaller homes have a higher ratio of admissions to beds. There are a range of independent sector organisations running care homes in the Vale of York, including several national companies. There are also several large homes (over 50 beds) in the Vale of York. In 2012-2013, 14 of the largest homes accounted for 40% of the beds and 35% of admissions.

3. Evidence base

There are two key drivers for change within the care home sector:

- Better coordination of care for those older people with the most intensive support needs and reduction in non-elective admissions
- Improving overall quality of care e.g. end of life care, dementia

The care home project has collated evidence of the costs of non-elective admissions, continuing healthcare costs, and worked alongside the quality and performance teams in the Vale of York Clinical Commissioning Group, City of York and North Yorkshire County Council to work with the sector. The NHS spent over £20 million in 2012-2013 within the Vale of York care home sector:



The project has also reviewed the available evidence of outcomes in other localities to develop QIPP efficiencies. Based on the available evidence the project has supported the following initiatives in 2013-2014:

- 1.0 Development of primary care led initiatives to streamline support for care homes, and improve the efficiency and joint working between primary care and the independent sector. This has led to the involvement of care homes in the development of the Better Care Fund project work with Priory Medical Group.
- 2.0 The existing community nursing service for nursing homes has been enhanced to support the implementation of emergency care plans and SBAR tool.
- 3.0 The project has overseen the development of up to date local contacts within the NHS for care homes, hosted on the CCG website.
- 4.0 The project has overseen a pilot of technology through City of York Council initiative supporting care homes to prevent falls and improve the home's responsiveness to individual care needs of residents.
- 5.0 The project has reviewed opportunities for improving MDT working and hospital discharge planning.

6.0 The project has supported joint training on end of life care through St Leonard's Hospice/City of York Council

4. Content of the report/ Issues to Consider

The future of the group will be as an expert reference group that can support engagement with the sector, across all Vale of York Clinical improvement initiatives, and inform wider discussions around innovation and improvement in the sector. The group will have the following functions:

1. Communication:

The Care Home group will continue to provide regular communication and updates on local NHS led training and development opportunities, as well as supporting the development of up to date and accurate information for care homes on NHS services. The group will support MDT working and provide a cross-organisational forum for reviewing and disseminating key issues across the sector

2. Strategic Development:

The group will critically evaluate and disseminate local and national evidence about best practice in care home settings.

3. Joint working:

The group will work in partnership with social care to support best practice in the provision of community equipment and telecare solutions, particularly targeting falls prevention and tissue viability.

The group will support Better Care Fund projects, by developing a "person passport" scheme to improve multi-disciplinary coordination and support for care home residents who experience an acute admission/crisis

5. Stakeholder/ Public Engagement:

The project group will run several engagement events for providers to disseminate best practice and share learning around best practice.

6. Financial Implications:

The project has been successful in seeing a small reduction in number of nursing home admissions from 718 in 2011/12 to 686 in 2012/2013 and there has been a reduction in excess bed days, (1500) and overall cost of care for non-elective nursing home admissions by £400,000 during the same time-period.

The project aims to continue to support a reduction in non-elective admissions for care home residents in its new advisory role, providing project support for any sector-led initiatives that the care homes wish to develop.

7. Legal Implications

None

8. Equalities Implications

None

9. Recommendations

9.1 The scope of the group is extended to work with other social care providers including domiciliary care agencies.

9.2 The current MDT care home working group and its improvement agenda will report into the wider Better Care Fund negotiations through the Joint Delivery Group

9.3 The current group is renamed as an “Independent Sector Expert Reference Group”