

	<p align="center">Health and Wellbeing Board 10 February 2020</p>
	<p align="center">Report from Phil Porter, Strategic Director, CWB and Mark Bird, Chair, Care Home Forum</p>
<p>Health and Social Care Collaboration with nursing and residential homes in Brent</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
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1.0 Purpose of the Report

- 1.1 The report sets out the shift in approach to working with care homes across health and social care, in particular the focus on care homes and registered managers as system leaders and partners. It highlights the how commissioners and care homes are working in partnership together to deliver improved outcomes for Brent residents.
- 1.2 It also sets out frontline practice changes in a summary of key projects and initiatives and progress to date as well as providing evidence of system performance improvements against key metrics of care homes in Brent.

2.0 Recommendation(s)

- 2.1 For the Board to:
- note the improvement in joint working with care homes in Brent, supported by key performance indicators
 - make recommendations, comments on future work priorities and support for the work continuing.

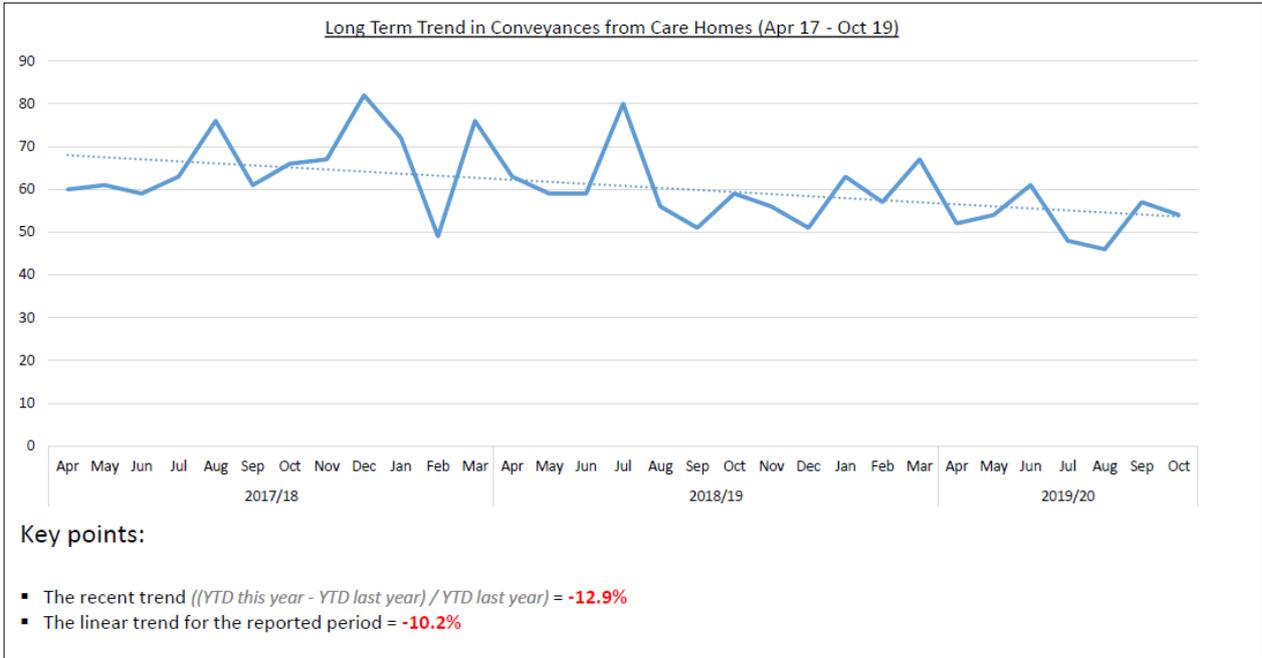
3.0 Summary of joint work with care homes in Brent

- 3.1 Brent CCG and Council have for many years worked, albeit separately, with care homes in the borough. The clear driver for this work has been a recognition of the mutual interests of sustainability and in the quality of care provided for Brent residents.

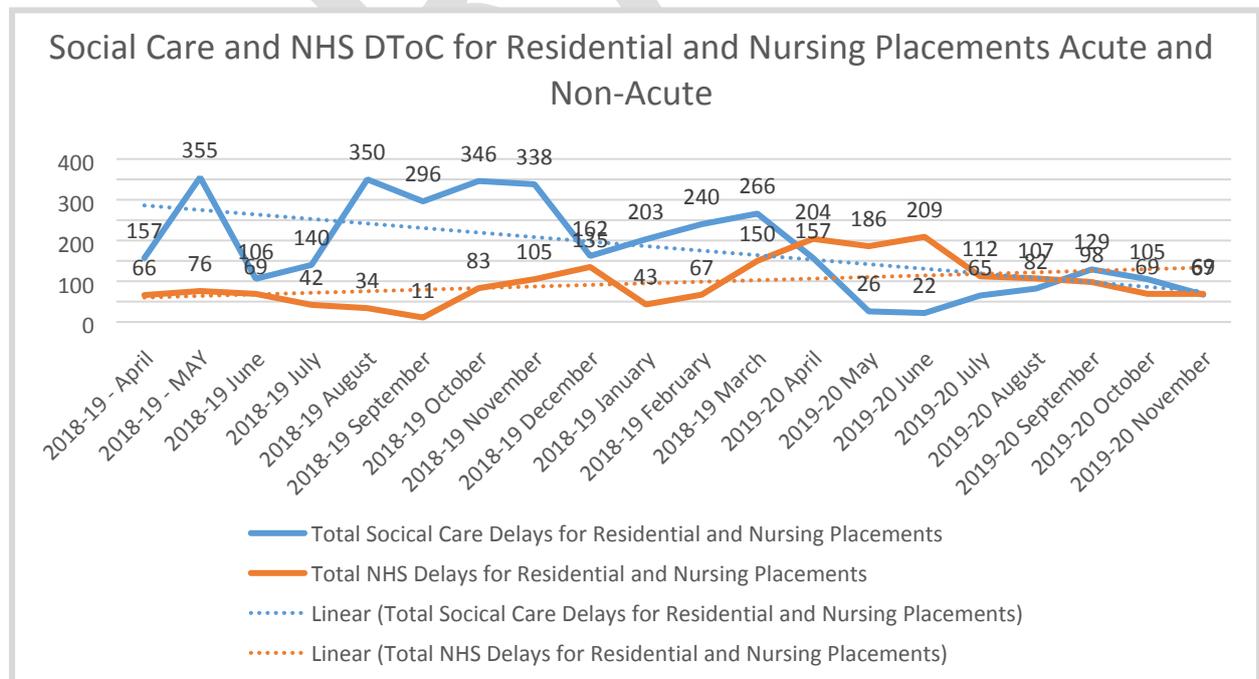
- 3.2 Following the creation of the national Better Care Fund in 2013, Brent CCG and council established a joint transformation team, with a shared budget, to deliver on a range of joint priorities, including support to care homes
- 3.3 In 2016, following the publication of the NW London Sustainability and Transformation Plan (STP) in 2016, Brent Health and Wellbeing Board published its own Health and Wellbeing plan which set out a shared vision and programme of support to care homes in Brent. This work has focussed on a range of activities, in part driven by national priorities and regional interventions entitled 'Enhanced Health in Care Homes'. These 'interventions' have aimed to support care homes to deliver on their vital role in improving the quality of care and importantly, whilst working with the system to manage both financial and activity pressures on the health and care system.
- 3.4 This work has had some successes, but as was reported in a report to the Health and Wellbeing Board in 2018, fell short in delivering at the scale and pace which could otherwise be possible. The mixed successes were at least in part due to two key reasons:
- The national and regional nature of some of the initiatives
 - A sense, from care homes in particular, that these interventions were being imposed on them, without due thought to the practical challenges and understanding of the wider demands on them
- 3.5 In August 2018, an independent chair was appointed as the Care Home Forum chair, and a thorough review of the priorities was undertaken with homes and agreed in January 2019. These priorities were purposefully focussed on areas of clear mutual interest, and in recognition of the particular circumstances of the care home market and population of Brent.
- 3.6 This new approach, having been operational now for a year, has already started to yield significant improvements, not only in the key system performance information outlined in section 4, but also in the new support and care available to people in care homes outlined in section 5. This new approach has also yielded a number of other benefits including increased trust, shared understanding, improved engagement (as evidenced by attendance at meetings and engagement in events) and a genuine willingness to try new and innovative things which would have otherwise fallen at the first hurdle.

4.0 Key performance indicators

- 4.1 **Ambulance conveyances to hospital** - The latest data suggests that the number of London Ambulance call-outs to care homes resulting in transfers to hospital has bucked the trend for NW London, with a 13% average decrease over the recent period compared to the same period last year. This indicates more people being cared for in the community, and reduced pressure on the hospital. This also compares to an increase of the same metric in neighbouring boroughs - Ealing and Harrow.



4.2 Delayed transfers of care from hospital - Since April 2018, delayed transfers (DTC) due to nursing and residential homes has fallen by approximately 75% on average for adult social care. Over the same period there has been an increase in NHS delays, but since the introduction of the discharge to assess pathway in September 2019, this has also begun to reduce (See section 4). The impact of this is to ensure people are cared for in a community setting, freeing up bed capacity in hospitals to care for patients with higher acuity needs.



4.3 Care Quality Commission (CQC) ratings – The quality of care provision in Brent’s residential homes (as reviewed by the CQC) continues to remain in the top quartile for London, and although there is a time lag for CQC ratings due to the infrequency of inspections, indications are that the quality of

nursing care is also improving, with one home (Birchwood Grange) having recently been categorised as 'outstanding'.

5.0 Summary of key initiatives/changes contributing to joint system working

5.1 *Paradigm shift towards care homes as system leaders*

5.1.1 **The Care Home Forum** was re-established with provider chair (Mark Bird, Birchwood Grange Care Home) in September 2018, with a re-focussed agenda based on delivery and joint ownership of shared system priorities. Initially focussed on the largest 21 care homes, the Forum has now been opened up to all 45 homes. The Forum and the ways of working exemplified at the Forum have been absolutely paramount to the improvements made over the past 12-18 months. These improvements are not only evidenced by the performance data, the quality of care resulting from improved services, but also attendance and feedback at meetings, engagement and responsiveness of homes and the dialogue between commissioners and providers. There are a number of key factors that have reinforced the paradigm shift towards care homes as system leaders:

- a) The role of the **Care Home Forum Chair**, who has not only been directly involved in setting the agenda and focus of meetings, but also working behind the scenes to engage home managers and ensure that he was representing the whole sector in Brent. As a result of this approach, the Chair has been involved directly in resetting the shared priorities, re-commissioning and designing new services, working directly with commissioners from the outset. An example of this has been in the design and successful implementation of a new GP enhanced service for care homes, which may not have been as well received had there not been direct involvement from care homes
- b) The critical support of the Health and Care Transformation Team, with a **dedicated programme manager** working closely with the Chair to develop and deliver the shared agenda and programme manage and report on performance of initiatives
- c) A **governance structure** across health and social care (through the Integrated Commissioning and Market Management programme board) that provided an explicit link for the care home leadership into the wider strategic decision making of commissioners. This includes a role for the Forum Chair on the Health and Wellbeing Board, where the work of the Forum was both signed off and regularly reported.
- d) An **openness** about the challenges and issues faced by both commissioners and care homes, and a willingness to identify innovative solutions that work for both parties. An example of this was around the development of a 'Placement Premium' initiative. This came about following national guidance to create 'Trusted assessors' to speed up discharges from hospital. This initiative was resisted by care homes, and a new incentive based mechanism was developed that reimbursed homes to speed up assessments by providing capacity for homes to back-fill staff. Another example has been a willingness of care homes to openly raise risks, and to address these directly as a system before they become safeguarding or wider strategic issues.
- e) A **shared approach to monitoring performance**, including regular report on key metrics shared with care homes to hold the system as a

whole to account, and look at changes or interventions that would help to drive further improvements.

5.2 Improving quality of care in care homes

5.2.1 Enhanced GP service for care homes - Following end of previous enhanced GP service, a new service was developed and implemented aligned to the Integrated Care Partnership (ICP) initially for 14 Care Homes which accommodate for 20 or more Older Adults who are registered with Brent GPs, within these there is a potential of 899 residents (700 Nursing, 199 Residential). Weekly proactive ward round and single point of access. Phase 1 started on 18.11.19 to support initial nine homes, and this is now being expanded to all fourteen homes. The service was co-designed with care homes, to enable the service to focus support where it was needed, and to ensure the right level of professional support. The new service was delivered with support from the care homes, and at a significantly reduced cost compared to the previous service, given the financial pressures facing the CCG.

5.2.2 Dementia support – there are three elements to the dementia support to care homes in 2019/20:

- a) Dementia awareness - Dementia awareness - An information session provided at care homes in Brent for Residents, Family members and staff with input from Brent Council Public Health, Adult Social Care, and representatives from Ashford Place, and Brent Carers Centre. These have been well received from residents and staff and particularly by the family members/carers of residents at the homes. This was to expand the awareness of Dementia into the care home market with awareness of what support is available.
- b) Quality of dementia care in care homes - Workshop for Dementia care providers which demonstrates good practice in dementia care being developed and led by the Memory Service at CNWL who have previously delivered well received training. Networking/Peer led learning session aimed to share good practice and knowledge. Groups have been established based on perceived ability to ensure mixed knowledge at each session. A third and final workshop will be held for care homes to provide feedback on what they have managed to implement.
- c) Dementia in-reach service – A new pilot service which delivers person centred Dementia in reach support to those in care homes with behavioural and psychological symptoms of Dementia, to reduce prescribing of anti-psychotic drugs through non-pharmaceutical interventions from CNWL. Service now being mobilised, recruitment etc. The impact of this is to reduce long term needs or escalation, speed up hospital discharge and reduce admissions to hospital. Plan to go live from April 2020

5.2.3 Dentistry support – In June 2019, the Care Quality Commission, the regulator of all care homes in England published their report, titled ‘Smiling Matters’ on oral health in care homes. Amongst their recommendations were for all care staff to be trained in mouthcare, dental care reporting to be included in resident notes and preadmission, all residents to have an identified dental practitioner,

and ensuring appropriate resources and prevention. The CQC has also added a number of dental items to their inspection protocol.

- 5.2.4 However, no national programme for oral care in care homes exists in England. In Scotland in 2010, 'Caring for Smiles', an evidence-based educational resource for oral health staff delivering training to residential care home staff, was published. NHS Health Scotland and Scotland's National Older People's Oral Health Improvement Group (NOPOHIG) developed this under national directive. 'Caring for Smiles' was developed in response to the increasingly dentate care home population and the specific challenges faced by care staff supporting these residents: although care staff are tasked with delivering daily oral hygiene care for dependent residents, it was felt that they often have very little knowledge or practical skills in this area, and therefore tailored, evidence-based resources to promote best practice in oral health care would be highly valuable. The guide covers core oral health knowledge specific to older people, such as overcoming barriers in providing oral care, the need for a practical sessions demonstrating techniques, and managing dementia and care-resistant behaviour.
- 5.2.5 The recent development of these policies and programmes demonstrates the increasing emphasis of the need for good oral care in care homes. However, further piloting of training and care pathways is required to gain local understanding of the challenges and benefits of any programme before implementation.
- 5.2.6 A Pilot Oral Health Improvement Programme for Care Homes in Brent started in October 2019 for a year. Three care homes have agreed to participate, who are Birchwood Grange, Victoria Care Home and Riverview Lodge. The aim of this project is to develop, pilot and evaluate an oral health training programme and care pathway to improve the oral health status and access of residents in care homes. There are a number of key objectives:
- a) Undertake a baseline questionnaire survey of homes to collect data on their oral health policy and care plans, access to dental services, training gaps and barriers to oral care
 - b) Implement and evaluate a training and prevention package for care home staff
 - c) Implement a care pathway including primary care and community dental services.
 - d) Evaluate the effectiveness of the overall programme and component parts

So far training has been delivered in 2 of the three nursing homes.

- 5.2.7 **MOTITEK bikes** – a pilot has been delivered to test the use of fixed bikes to support wellbeing for residents in Brent, and an opportunity for family engagement. A number of homes are looking to rollout the bikes in their homes through 2020-21
- 5.2.8 **Medicines optimisation** - Care home residents are at high risk from medication related harm as they are generally older and frailer than the general population; they also usually take more medicines and are more susceptible to adverse events due to changes in pharmacodynamics. Many of the medicines

prescribed may be inappropriate and potentially harmful which prompts the need for regular reviews.

5.2.9 Brent CCG Medicines Optimisation Team, Care Home Pharmacist has been supporting the care homes in Brent since 2014. The programme of work includes conducting structured medication reviews, conducting audits in care homes, developing and implementing good practice guidance and providing medicines management training to support care homes comply with CQC standards. The care home pharmacist has been integrated into the MDT, and has worked closely with the local GP networks delivering the GP enhanced health into care homes scheme and the palliative care team.

5.2.10 The Care home pharmacist interventions have made a positive impact on the care homes where the medicines management service has been provided. A number of quality and safety issues have identified within the homes which have been visited. From December 2018 to January 2020, a total of 456 resident medication reviews have been conducted by the care home pharmacist across 10 care homes which have resulted in an estimated annualised savings of £59K from stopping medicines which were inappropriate or unnecessary.

5.2.11 Following a training need analysis conducted in 2015 by LBB, Brent CCG and Care Homes, a programme of educational workshops have been provided to the care home staff. The key aims were to support and develop the care home workforce focused on improving care provision to care home residents and staff recruitment and retention.

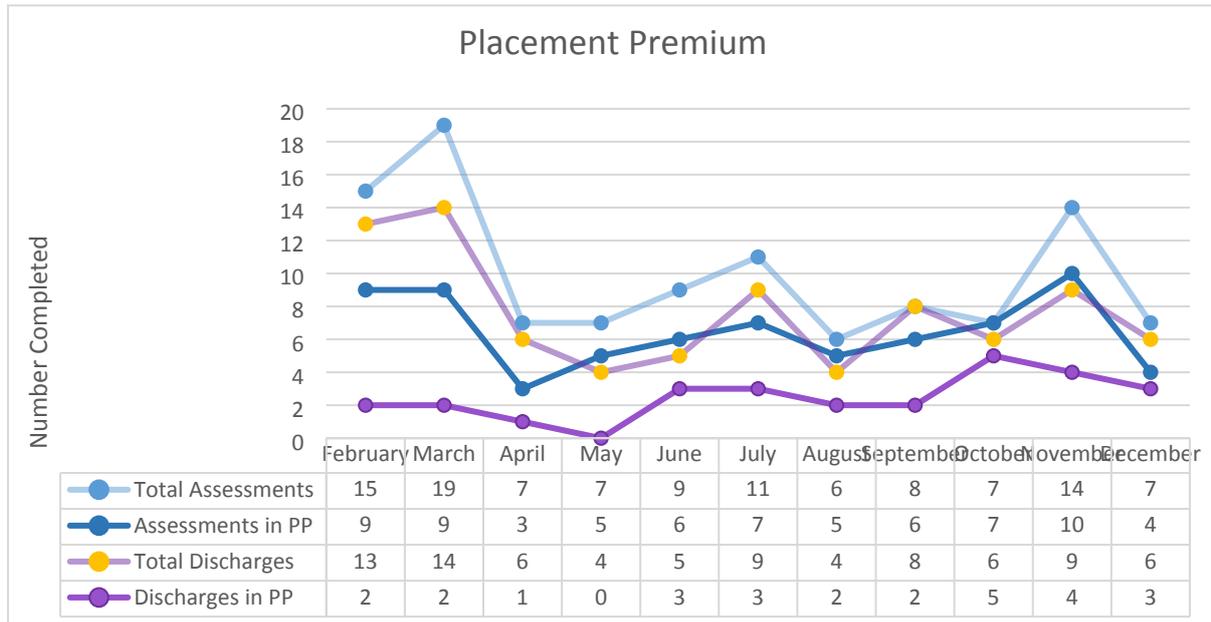
5.2.12 To date workshops have been delivered on Safe Handling of Medicines, Effective Care Planning, Advanced Care Planning, Bladder and Bowel Management, Managing Challenging Behaviours, Diabetes Management, Falls Management and Prevention and Management of Pressure Ulcers. The workshops have been well received by care home staff, with 30-40 attendees, representing 10-14 care homes. The workshops have been delivered by local practitioners providing care home staff with a point of contact to support managing their residents within the care home setting.

5.2.13 **Quality monitoring** – Brent's adult social care commissioning and brokerage team, alongside the Continuing Healthcare and CCG quality teams are responsible for monitoring the quality of care within care homes. This is done through regular visits, monitoring of quality alerts and a multi-disciplinary Quality Assurance Framework meeting. The Health and care transformation team support this meeting through collation of key data, and continually work in partnership with care homes to support improvements

5.3 ***Improving system processes***

5.3.1 **Placement Premium** - Placement Premium has been in place since February 2019. The intention to support homes to facilitate speedy assessments taking place that will lead to either a short term or permanent placement from hospital discharge. With a £50 payment for an assessment within 24 hours and an additional £50 payment for admission within 48 hours. This has been expanded to add an additional payment of £500 to New In borough Nursing Home Placements that meet the timescales. Since the launch of the Placement Premium initiative February 2019 there has been a significant

increase in the proportion of care home assessments being completed in 24 hours, and also the number of placements made into a nursing home from hospital within 48 hours from referral. The impact of this has been to reduce the delayed transfers (DTOC) and free up hospital capacity.



5.3.2 NHS Mail – support to homes to access NHS Mail, enabling more timely and effective and securely transfer of patient information between NHS organisations and care homes. 15 Care Homes have attended workshops to date, and many are number of homes are now on board. It is anticipated that the majority of the care homes will have an NHS mail account by the end of February 2020.

5.3.3 Discharge to assess protocol and beds – a new protocol has been agreed to support discharge of patients with complex needs or assessment for NHS continuing healthcare (CHC) support. Ten beds have been procured in tywo nursing homes to support this process in addition to the recruitment of a CHC nurse assessor to support patient flow through the Winter period. The beds are funded through existing CCG and local authority contributions to the Better Care Fund, and additional funding has been allocated through the adult social care winter funding to recruit the nurse assessor. Adult social care will continue to make spot purchased placements into care homes or extra care facilities where required.

6.0 Opportunities for stronger joint working going forwards

6.1 Although there has been significant improvement in the joint working between care homes and strategic partners, there remain a number of key areas where joint working can be strengthened during 2020/21:

6.2 **Whole system approach to market management and integrated commissioning** – Building on the approach to system leadership that has been developed over the past 12 months, there is an opportunity for commissioners and providers to take a more systematic look at how we

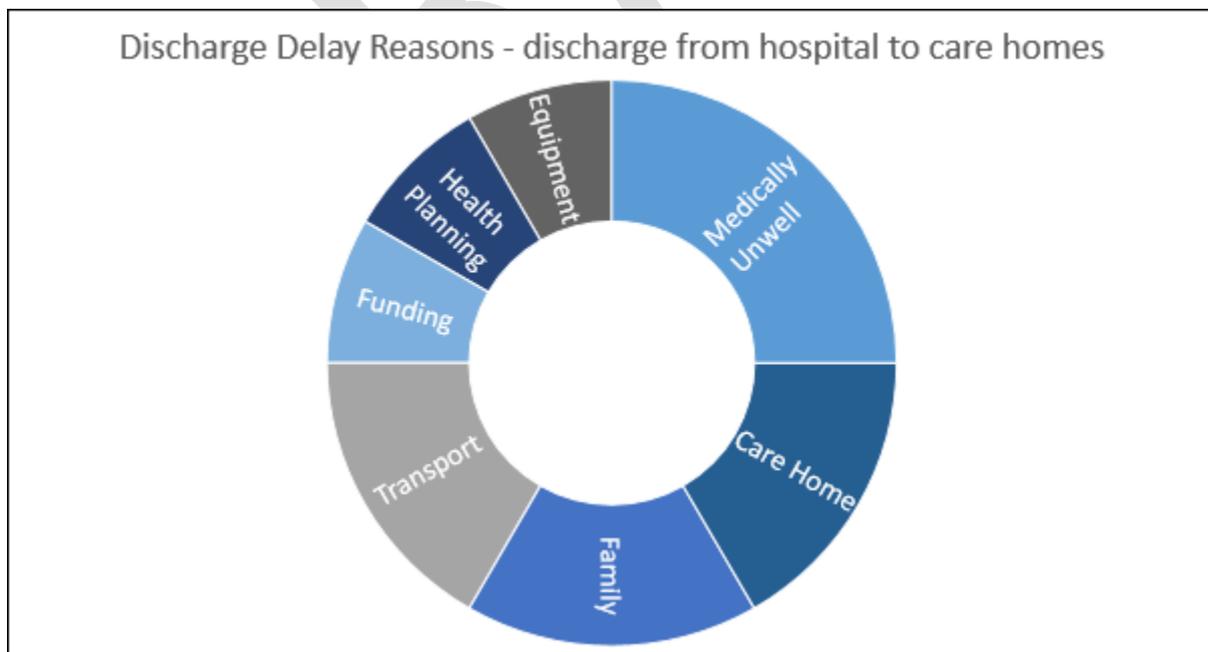
commission care, both in terms of the quality of care commissioned and the sustainability of funding available.

Working more closely in particular with NHS Continuing Healthcare (CHC), there remain further opportunities for a more joined up approach across health and social care to pricing, quality and ensuring more in-borough placements. Whilst there has been some good progress in key areas such as 'Discharge to assess' there remain challenges in progressing this work due in part to uncertainties around the Continuing healthcare (CHC) service

Despite the challenges, over the course of the next 12-18 months, the Forum and Health and Care Transformation team would specifically want to work together across social care and CHC to deliver:

- A joint approach to pricing across health and social care that recognises differing needs and complexities, and ensures a sustainable level of funding for homes that recognises the needs
- A joint approach to quality, with a single framework for monitoring quality metrics and working directly with care homes to flag concerns and raise risks in a trusted way
- An MDT approach to assessment, review and placement that improves timeliness, reduces duplication and reinforces a shared whole system approach

6.3 **Enhanced joint working to support timely discharge** – despite the significant improvement in performance in reducing delayed transfers of care, the majority of the reasons for delay remain outside of the care homes control. The chart below outlines the main reasons for delay, with transport and working with families being key areas for further improvement.



6.4 **Operational improvements to Enhanced GP support** – despite the positive reception for the new service, there are a number of teething problems with the service which will be ironed out during the implementation and expansion of the service. A review has been scheduled during January to look at further areas for improvement as the service is expanded during 2020

7.0 Financial Implications

7.1 A number of the schemes outlined are funded through Better Care Fund, as outlined in the Better Care Fund Plan. This includes the funding of a joint Health and Care Transformation Team, with a dedicated programme manager and project officer to support work with care homes.

8.0 Legal Implications

8.1 None

9.0 Equality Implications

9.1 None directly

10.0 Consultation with Ward Members and Stakeholders

10.1 Ongoing

11.0 Human Resources/Property Implications (if appropriate)

11.1 Continue to review

Report sign off:

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