New care models

NHS

New Care Models: Learning from the care homes vanguards

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Our core values

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- Clinical engagement
- Patient involvement
- Local ownership
- National support

50 vanguards selected

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

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

Integrated care pioneers sites

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- The 25 integrated care pioneer sites are developing and testing new and different ways of joining up health and social care services across England

- Utilising the expertise of the voluntary and community sector, with the aim of improving care, quality and effectiveness of services being provided

- Shared goal is to put the needs and experiences of people at the heart of the health and care system

- Collective learning and collective commitment between pioneer, vanguards and national partners

Our values: clinical engagement, patient involvement, local ownership, national support

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Addressing the key enablers of transformation

- 1. Designing new care models
- 2. Evaluation and metrics
- 3. Integrated commissioning and provision
- 4. Governance, accountability and provider regulation
- 5. Empowering patients and communities
- 6. Harnessing technology
- 7. Workforce redesign
- 8. Local leadership and delivery
- 9. Communications and engagement

NATIONAL / COHORT / LOCAL

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What is the EHCH model about?   NHS

- Providing joined-up primary, community and secondary, social care to residents of care/ nursing homes and Extra care Living Schemes (ECLS) via a range of in-reach services.

- To deliver person-centred integrated preventative care that promotes independence and supports individuals in an appropriate housing option of their choosing

Why are we doing this?
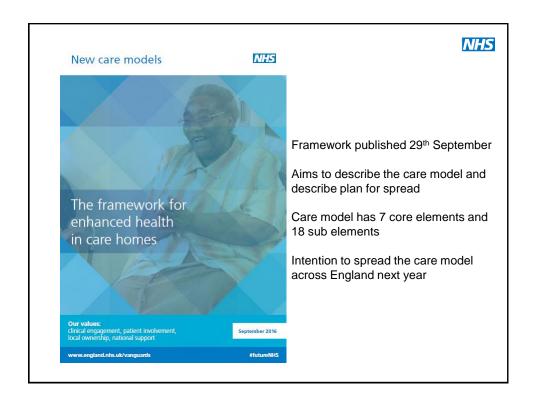
- To improve the quality of life, healthcare and planning for people with LTCs - in both care/ nursing homes, ELCS and the community

"I want to live as normal a life as possible"

"I get the best clinical outcomes possible"

"I want to feel part of a community"

How are the vanguards improving care?

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Selected work the care home six are implementing:

1. Newcastle & Gateshead	2 . Airedale	3. Wakefield
• Homecare/Community beds • Virtual Ward MDT / Ward Rounds – GP, Community team & Care Home Staff weekly ward rounds for care planning and MDT for complex decision making • Outcome Framework based on 'I' statements and Local Metrics • New care pathway for frail elderly, encompassing homecare/community beds, supported by a growing Provider Alliance Network, and development of outcome-based contractual / payment model.	• A Dementia-focused social movement, working with the Alzheimers' association and Yorkshire's Cricket clubs - building resilience in communities through sport to support people with dementia. • Using technology to support care home residents by providing a secure video link to senior nurses.	• MDT - a proactive care homes support team will provide person-centred care planning and co-ordinated input to the care home staff and residents • **Community Anchors** - trained individuals helping those in care/nursing homes & ECLS access community assets & networks to reduce social isolation • Introducing holistic assessment tools such the LEAF 7 assessment and Portrait of a life to increase wellbeing and health for those in care homes
4. Nottingham City CCG	**5. East and North Herts**	**6. Sutton**

• Joint commissioning with local authority as lead contractor, using an NHS-standard contract. Underpinned by robust quality monitoring processes.
• Person-centred outcome measures developed with Age UK and local citizens
• Dementia outreach team is commissioned to provide dementia care, case management and training and support for care home staff. The team also run care home managers' and care coordinators' forums
	• Health and social care data integration
	• A complex care framework: Supporting care home staff to be confident in their care for their patients
	• GPs aligned to specific care homes
	• An integrated rapid response team which offers a timely assessment and alternative model of care to hospital admission for appropriate patients who are in a 'crisis'.
		• Hospital Transfer Protocol (red bag)
		• Joint intelligence group
		• Care home support team
		   • Link nurses
		   • EOLC Care Home Team
		   • Care Home Pharmacist: Medicines Management
		   • Dementia Support Workers

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New care models — **NHS**

The framework for enhanced health in care homes

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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

Enhanced Health in Care Homes (EHCH) care model *NHS*

Care element	Sub-element
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

Ambition and approach to spreading the care model *NHS*

What we are trying to achieve?

- A deliverable, credible and affordable plan for adoption of the EHCH model across England in 2017-18 – recognising not everything is new, and some areas will already be implementing parts of the model.

What do we want to spread?

- The EHCH care model and its key elements and interventions as defined in the EHCH framework.
- A series of smaller, 'low or no cost' ideas and actions which individually do not make a significant impact but aggregated make a series of marginal gains which can significantly improve quality, sustainability and outcomes.

A modular care model

- 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.
- Not everything can or should be mandated. Some adoption will be organic, some elements providers can adopt without commissioner action and some necessitate longer-term system working and collaboration

We are learning about the key requirements for developing, delivering, and spreading new care models

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

- **Develop a system-wide governance and programme structure to drive the change.**

- **Undertake the detailed work to design the care model, the financial model and the business model.**

- **Develop and implement the care model in a way that allows it to adapt and scale.**

- **Implement the appropriate commissioning and contracting changes that will support the delivery of the new care model.**

What have we learned from the care home vanguards

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- Person centred approach essential

- 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