Final report
March 2018

Innovating for Improvement

Working together: Creating a new model of community-centred care in care homes

Altogether Better

The Health Foundation

About the project

Project title:

Working together: Creating a new model of community-centred care in care homes

Lead organisation:

Altogether Better

Partner organisation(s):

Fischer Associates

Collingwood Health Group, North Shields

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Contents

About the project 2
Part 1: Abstract 4
Part 2: Progress and outcomes 5
Part 3: Cost impact 9
Part 4: Learning from your project 10
Part 5: Sustainability and spread 13

Part 1: Abstract

This information will be used to give a brief summary of your project on our website, and may be revised for web copy. Please ensure that you do not exceed the word count as there is a strict word limit on the website.

Our aim for this work was to improve the delivery of health care to NHS patients in residential care through an innovative new model of 'Community Centred Care', bringing together Primary Care teams, Care Home staff and volunteer Health Champions in new, collaborative relationships. We achieved our ambition to create extended care teams that develop a model of care in which:

Deeper relationships develop between practice & care home staff and health care improves;
Champions support residents with new offers & activities;
Residents, Champions & staff make decisions closer to the frontline, leading to better clinical outcomes;
The CQC quality standards improve.

Whilst volunteering in care homes is not new, the difference about our model is taking a collaborative approach with a scope that extends to general practice, the staff and residents of residential care homes and citizens who gift their time as Health Champions.

The impact of the work is that a new, sustainable relationship has developed leading to more appropriate use of nurse and GP time, stimulating and sociable interaction for residents and an 'upskilled' workforce in the care homes.

The key enabler of success has been to spend time building relationships with those who are involved in the work right at the very beginning. Altogether Better's approach is relational, not mechanistic, and the starting point of all our work is to connect people together in conversation so that everybody better understands each others' worlds, leading to collaboration, curiosity and a willingness to see and do things differently.

Max words: 250 (actual word count: 250)

Part 2: Progress and outcomes

Our aim for this work was to improve the delivery of health care to NHS patients in residential care through an innovative new model of 'Community Centred Care', bringing together Primary Care teams, Care Home staff and volunteer Health Champions in new relationships. Our ambition was to create extended care teams that develop a model of care where:

Deeper relationships develop between practice & care home staff and health care improves;
Champions support residents with new offers & activities;
Residents, Champions & staff make decisions closer to the frontline, leading to better clinical outcomes;
The CQC quality standards improve.

Our intervention builds on a model that we have developed in general practice, where citizens are invited to gift their time to work in collaboration with practice staff to develop a new range of offers and activities for the patient list which in turn leads to a reduction in demand on GP time. Our evidence is that this model of 'collaborative practice' makes life better for everybody involved as well as leading to a new, sustainable business model for general practice. We were curious to explore what would be the impact on citizens, general practice and care home staff and residents of coming together in a similar innovative, collaborative new model of care.

The practices and care homes who took part in the work are:

- Collingwood Surgery, North Shields
- Collingwood Court Care Home, North Shields
- Holmlea Care Home, North Shields
- Appleby Nursing Home, North Shields

The work began by drawing together a 'design group' who met bi-monthly over the duration of the work, January 2017 – March 2018. This group comprised:

- GP partners from Collingwood Surgery
- Managers and deputy managers from the three care homes
- Pharmacist Practitioner from the surgery
- District Nurse
- Fischer Associates
- Altogether Better team members

And later in the work, volunteer Health Champions also attended the group

The purpose of the design group was, in the broadest sense, to agree the 'arc' for our work together: what we wanted to achieve and how we wanted our collaboration to develop.

At a more detailed level the group explored and agreed what data we might collect that will help tell the story of our work and its impact, agreed the steps that would be followed to find enthusiastic 'Health Champions' to be part of the work, and considered what areas we wanted to focus on for our 'rapid prototyping' approach.

The process to find enthusiastic Champions began in February 2017. This happened through invitation from the surgery to people on their practice list via the practice's SMS system. 187 people got in touch to find out more, 26 'joining forms' were received from people and 22 people were invited to take part in a 2-day workshop.

The workshops were an opportunity for Champions to get to know each other, understand the context for our work and what we hoped to achieve, and also to get to know the care home staff and practice team in a 2-hour 'whole team meeting' on day 2.

We delivered a second recruitment phase in the Autumn, with workshops, and throughout the work we have met regularly with Champions to help keep them connected together as a group of peers as well as to learn from their perspective on the work as it progressed.

The design group had agreed some additional 'formal' training was important, given the age and frailty of the residents, and Champions participated in awareness sessions including palliative/end of life care, dementia awareness and safeguarding vulnerable adults. They also undertook a DBS check.

The design group agreed on 'rapid prototyping' themes to achieve the ambitions described above:

Reducing unnecessary GP visits: Training for Care Home staff to enable them to undertake basic observations of residents (eg blood pressure) in order to share information with GPs, which in turn helps GPs make an informed decision about whether a home visit is required.

Prescribing: focusing on the demand for and appropriateness of repeat prescription and the frequency of calls from homes to practice. This later also included medication reviews.

Making life better for staff and residents: Champions' regular visits to the homes and engaging with staff and residents.

Making best use of District Nursing time: reducing the time spent on non-clinical tasks by ensuring care homes had the equipment needed on-site.

We anticipated that our **impact** would be measured through a combination of qualitative and quantitative data, including:

- Demographic data about Champions
- Workshop evaluation
- Depth interviews with GPs, DN, care home managers and staff
- Champion focus group
- Interview with family member
- Anecdotal stories/feedback
- Practice data of home visits, calls to the practice, urgent admissions

- Prescribing data and medication reviews.

In relation to each of our ambitions:

Deeper relationships develop between practice & care home staff and health care improves
The overwhelming conclusion of our initiative is that we have achieved this ambition. GPs strongly felt that the work has helped them understand the challenges faced by the care homes: "*you understand more the way they're organised, and put faces to names, the relationship has improved".* This feeling was echoed by care home staff: *"I wouldn't hesitate in ringing one of the GPs now…I would never ring before, even just asking for advice".*

Champions support residents with new offers & activities;
Champions have gifted 195 hours of their time to two care homes over a 40 week period, June – April. The average visit was 1 hr 30mins. The visits are continuing, and Champions offer the things which normalise and make life better for everyone:

- Assistance with meals and drinks
- Conversation and reminiscing – even simply watching TV together
- Help to keep a diary
- Help to pursue personal interests
- Games playing, singing, reading
- Physical activities (eg throwing and catching)
- Help at seasonal events, eg Christmas
- Helping residents go out (to cafes, on the minibus)

Residents, Champions & staff make decisions closer to the frontline, leading to better clinical outcomes;
Our interviews have captured evidence of staff from both the care homes and the GP practice being able to make better decisions.

One care home manager described that *"one thing I think is better is the conversation with doctors over the phone and more involvement with the district nurse, extra training for staff on things like tissue care*", meaning that staff are more likely to spot and respond to risks rather than waiting until they require nurse input.

The CQC quality standards improve
Feedback from home managers is that Champions are contributing to CQC standards and for one home, the work that Champions are doing earned recognition, "*we had a 2 day inspection, some Champions were in and it was picked up…we got a 2* [good] *on community involvement, that's a big thing for the CQC*". In particular, Champions and the broader prototyping work are positively contributing to:

- Person centred care
- Dignity and respect
- Safety

- Safeguarding from abuse
- Staffing
- Food and drink
- Complaints

Max words: 1,000 (actual word count: 1144)

Part 3: Cost impact

The work took place in two care homes (originally three) which are privately owned with a mix of private and council-funded residents. Other partners included Collingwood Surgery, a GP practice. Funding from The Health Foundation enabled us to draw together a design group and to engage a group of citizens who gift their time as volunteer Health Champions.

Our findings are that there have been cost savings as a result of this work however these are not easily quantifiable (eg reduced prescribing/de-prescribing following medication reviews; reduced GP home visits because of up-skilling care home staff to take obs; maximising use of District Nurse time by avoiding travel to collect supplies (eg dressings, which are now kept in the homes).

Data gathered from the Pharmacist Practitioner from the period before and after a review of the ordering systems and change of practice with ordering of "as required" medicines at Appleby Care Home has demonstrated an estimated reduction in waste of approx. £5620 per annum and a decrease in a requests. This compares favourably with Holmlea where a review did not happen and where the number of 'as required' requests increased.

We have not commissioned a financial evaluation of this work but we are able to draw conclusions as to the economic benefit from previous economic evaluation of similar work in other settings.

Evidence reviewed by the York Health Economics Consortium of Altogether Better's Community Health Champions model demonstrated up to £112 return on £1 invested.

A simple calculation of the financial return on investment in relation to the time that Champions gift to this work is to use Volunteering England's median hourly pay methodology. In North Tyneside, the median hourly pay is £11.50 (ONS, Annual Survey of Hours & Earnings, 2016). At the end of our funded work, Champions are currently giving an average of 13 hours per week of their time to this work. This equates to an annual figure of £7,774 staff–equivalent time that is likely to be sustained in the longer term.

The work that has been established in North Shields will continue without any ongoing investment and will produce year on year benefits.

Max words: 500 (actual word count: 357)

Part 4: Learning from your project

This section is for you to reflect on your learning from implementing your project and identify important lessons for other change makers.

Please reflect on:

- Did you achieve all of what you hoped to achieve at the start of the project?

Yes, more than.

- What were the enablers that helped you?

Taking time to meet GP team before the work began was a crucial starting point that set the tone for the work that followed. As described elsewhere, we see our approach as relational not mechanistic and by meeting in a non-work setting over food and conversation we got to know the practice partners in what we describe as 'liminal space', away from the pressures and distractions of the working day. This helped them understand our model and who we are and helped us build our understanding of their aspirations for the work.

Similarly, our ongoing design meetings with the wider team were firmly rooted in conversation and curiosity rather than formal agendas and meetings. This helped build the relationship between all those involved and has come through strongly as being a key part of the work we have done together and which has permanently shifted (and enhanced) how people interact with each other: *"it's a different relationship we've got now*" (pharmacist practitioner).

- What aspects didn't work out quite as planned or proved tough?

Organisational challenges at Appleby Nursing Home meant that they were unable to progress their involvement in terms of welcoming Health Champions, although they were part of the pharmacy reviews. The home was facing unexpected and challenging internal issues which means that although we had some productive early conversations with the manager, lead nurse and activity coordinator, as well as friends and family of residents, an unexpected change in senior management left them with no capacity to devote to our work. We have left an open offer to get in touch with us when the home has space and time to hear our learning from the work.

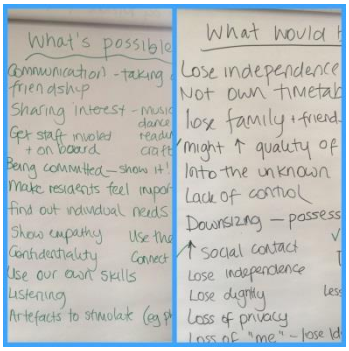
Timeline between Champion recruitment and starting visiting the homes: initial advice from the surgery's DBS provider was that the DBS checks should be completed through the surgery, not the homes, because the surgery had extended the invitation to potential champions to be part of the work. Champions provided their ID documents and completed the relevant forms but the checks were then rejected because by the DBS agency, despite initial advice, with the recommendation to undertake the checks through the homes. This caused some delays which meant that Champions took part in the welcome workshops at the end of March but did not begin to visit the homes until June. Momentum was lost during this period and although we met regularly with the group, some Champions moved on.

Maintaining champion numbers: inevitably, some champions step away from the work and so from an initial group of 22, we are ending the work with 12. Reasons for leaving the work include ill health, new employment, relocation, other work commitments and bereavement.

Bringing people together: we worked hard to overcome the logistical challenges of bringing together partners from a very busy GP practice and two busy care homes as well as pharmacist and district nurses. Inevitably, not everybody could make every meeting, so we agreed ways to share conversation and actions with those who were not in the room.

- Did you receive any feedback that surprised you?

The instinctive understanding of Champions about the potential this work has to improve people's lives and families' appreciation of this:, *"Sometimes it's as good as taking a tablet. That social side can do more than the medication that they take*" (daughter of resident).



Overcoming 'threshold fear' of what care homes are really like – some champions didn't make it as far as visiting the homes, despite having been active and thoughtful participants in the workshops and subsequent training and meetings. The sights, sounds and smells of care homes can be unsettling and unfamiliar, and some Champions found this challenging.

Conversely, however, one Champion came forwards to be part of the work because she had not long retired from a lifelong career in care homes - she missed the role too much and wanted to keep doing what she'd always done!

What the 'fresh eyes' of Health Champions can bring to the work: Champions were new to the homes and brought a fresh perspective and ability to notice things. Their biggest gift to this work is their time, which they are able to 'spend' in ways that care home staff are often too busy to do and which means they notice things that might otherwise not be noticed. For example, one Champion asked a resident if there was anything she missed, and the unexpected answer was knowing the date. The Champion was able to go out and hunt down a calendar which he gave to the resident, much to her delight. She is now able to follow the day and the date – a seemingly small action with a very meaningful impact.

We asked each of the groups of stakeholders "What would make your life better?". This open question was incredibly revealing about **the difficulties people experienced within silo ways of working.** We were able to deal quickly with most of the problems identified. One example was that the District Nurses said it would make their lives better if they didn't have to drive around the patch to pick up dressing and incontinence pads because their base and their storage space was a long way from the care homes. The care home immediately responded by buying plastic boxes to keep records/pads/dressings which are kept in residents' rooms. This had a direct impact in reducing the time DNs spend on non-clinical activities.

- With your project being an innovative intervention, has there been any specific learning on introducing and sustaining innovations in the NHS?

    i. What will you – personally, as a team or as an organisation – take away from this project?

We continue to be humbled by the generosity of citizens gifting their time and the generosity of the GPs and clinical staff who worked with us.(One GP came in on his day off for our bimonthly meetings).

ii. What would you have valued knowing at the start? How might you approach future projects differently as a result?

Having some insight into the way we might use the data to better effect. We found that it was such a small cohort that it was hard to draw meaningful conclusions that could be directly attributed to the work.

We learnt that DBS checks had to be completed by each of the care homes and not the practice. Had we known this at the start we would have saved some time and may not have lost one or two of the champions who failed to come back with their information at the second time of asking.

iii. What are the key things others would need to know / put in place if they were to adopt your intervention or implement a similar project?

The key things others would need to know would be:

1. To pay attention to the relationship between the practice staff, care home staff and champions
2. To work on the things that matter to the group and follow the energy
3. To work in the liminal space between the formal world of organisations and the life world of champions.
4. To work with curiosity and a willingness to make life better for everyone

Max words: 1,000 (actual word count: 973)

Part 5: Sustainability and spread

This section is intended for you to communicate your plans for sustainability within your organisation and spread beyond your project team.

You should answer the following questions:

- Will your intervention be sustained beyond the funding period?

    i. If no, why is this?
    ii. If yes, how did you gain support for the innovation?

Yes; our work has been relational not mechanistic and time was invested early on in our work together to build the relationship between all those who were part of it. As a result, all the partners involved have described how this new connection, understanding and relationship has led to changes that cannot 'un-happen'!

One GP told us that, *"just putting faces to names…I think that's really helped",* and feedback from a care home manager is that *"it won't dwindle from our side…it won't dwindle from the champions. I don't think [GP] will let it drop either, he's passionate about it. It's saving him time, in a nice way…he can take more time for people who need it".*

And the feedback from Champions echoes this commitment: *"To me, they're like friends now and I enjoy going in. Some days I might go in a little bit down but I come out laughing…I wouldn't do it if I didn't enjoy it, but I do enjoy it. I've made some new friends and it's helped me as well, it's getting me out of the house. As long as I can keep doing it, I will."*

- What (external) interest and recognition have you had on your innovation?

    i. Have you received any awards, spoken at conferences, been published or had media interest?

Altogether Better is routinely invited to speak at conferences/contribute to national and we have shared this work with audiences in terms of how we see it as a new, sustainable model of care in care homes.

    ii. What communities or networks have you targeted for spread? What contacts have you made?

1) We delivered a new piece of work in Kirklees, West Yorkshire, with Greenwood Medical Centre who have developed a relationship through the Practice Health Champions with their local care home (case story here).

2) We worked with the Big Lottery Fund to try to secure large scale funding to spread this innovation. The bid was commended and supported by our grants officer but was turned down for the reason that the two most recent large scale funded pieces of work were also in care home settings. We are keen to revisit this when appropriate with BIG.

3) We took the approach to Barnet CCG, who have the highest number of care homes anywhere in the country. We are hoping that this might bear fruit in the future.

4) We are currently talking to CCG commissioners in East Surrey about linking practices, health champions and care homes

iii. Has the way that you think about or describe your intervention changed as a result of implementing it?

We now have a much richer and deeper sense of the value of the work and that tiny changes can have a huge impact and make everyone's life better.

We have learnt that if staff work together and develop meaningful relationships outside of their professional silos they can make impactful change happen very easily.

We have learnt that connecting people together through the glue of a meaningful relationship that it will stick and it will sustain.

- Do you plan to spread this innovation beyond the Innovating for Improvement award department or site?

i. If so, how?

We are keen to spread the work to other locations however this will be dependent on us securing funding to enable us to do so.

ii. What do you think is replicable about the project and what is specific to your organisational context?

The approach we have taken is replicable elsewhere however we know from this and other work that the model cannot simply be 'dragged and dropped' into other settings. Our specific approach is that we are enthusiastic to work with people are curious and enthusiastic about working with us, and we invest our time heavily in building a collaborative relationship with partners at the start of our work together.

- What additional resources will you need to support this activity beyond the funding period, and from whom?

The work we have achieved in North Shields does not require ongoing funding to sustain it:

- Champions continue to gift their time support staff and residents in the two care homes.
- Staff have been 'upskilled' as a result of the training they have received are applying their new knowledge day by day, which in turn alleviates pressure on GP time.
- The relationship between the homes, and between the homes and the practice, has evolved into a much more collaborative and mutually supportive one.

- What are some of the upcoming milestones / activities beyond our funding?

There are no specific milestones other than that the work is anticipated to continue.

Max words: 800 (actual word count: 641)