

<p><u>Background</u></p>	<ul style="list-style-type: none"> • The Care Home population represent some of the most vulnerable patients/residents with complex health and social care needs; the majority are frail older people and a significant number will have dementia or significant memory problems. • The number of people residing in care homes in Bedfordshire is 3022; the residential and nursing home population (2470), represents 7% of the total Beds CCG population aged 75+ • The Central Bedfordshire Care Homes scheme was initiated during 15/16 as a key mobilisation area in response to rising non-elective admissions; this year it will be expanded and strengthened • There is agreement across the system that care homes could play a key role in preventing NELs and reducing DTOCs • Anticipate improved outcomes by introducing a framework of support that provides enhanced care to reduce conveyance to hospital 		
<p><u>Objectives</u></p>	<ul style="list-style-type: none"> • Understand the profile of emergency admissions from care homes in terms of patient and spell volume, distribution across care homes, cost, clinical condition, day and time profile • Investigate current health and social care services configuration and support to care homes • Identify factors contributing to avoidable admissions and determine what changes are needed to reduce this • Identify what role care homes could play in reducing DTOCs and work to implement this • Explore the ability of general practice to provide extended support to care home • Encourage care homes to accept hospital discharges seven days a week • Provision of enhanced care in care homes • Improve patient outcomes by reducing length of stay in hospital and the frequency of admissions into hospital 		
<p><u>Scope</u></p>	<p>Within Scope</p>	<p>Residential homes (21), nursing homes (12) and learning disability homes (28) in Central Bedfordshire.</p>	
	<p>Outside Scope</p>		
<p><u>Constraints</u></p>	<ul style="list-style-type: none"> • Limited access to shared system for timely exchange of patient data across providers will affect the response 		
<p><u>Assumptions</u></p>	<ul style="list-style-type: none"> • That general practice will be willing to take on extended responsibility for care home residents/patients subject to sufficient remuneration • That there will be sufficient intent (and contractual level) within care home providers to promote the acceptance of weekend discharges from hospital 		
<p><u>Risks</u></p>	<ul style="list-style-type: none"> • Ability of care homes to recruit and retain appropriately qualified staff 	<p>Mitigation</p>	<ul style="list-style-type: none"> • On-going work with Beds & Herts Workforce development partnership on transformation programme, focusing on recruitment and retention, training, support for existing staff and news ways of working. Including generic work and Super Carer roles. • Ongoing work to making Caring profession a career of choice
<p><u>Deliverables</u></p>	<ul style="list-style-type: none"> • Produce profile of emergency admissions from Care Homes – May 2017 • Delivery of falls prevention training in care homes to reduce non elective admissions – April 2016 • Completion of recommendations from 15/16 programme of care homes visits – ongoing monitoring and review • Review of GP and Clinical Pharmacy support to care homes - September 2016 • Production of a plan to support enhanced care in care homes – September 2016 • Implement pro-active approach to admissions avoidance within care home contracts – April 2017 		
<p>National Conditions</p>	<ul style="list-style-type: none"> • Joint assessment and care planning • 7 day working and unplanned admissions • Reduced delays of transfer of care 		<p>National Metrics</p> <ul style="list-style-type: none"> • Reduction in unplanned admissions • Emergency admissions due to falls (local)