
Research paper

Better partnership between care homes and the NHS: Findings from the *My Home Life* programme

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Tom Owen

is Deputy Director of the *My Home Life* programme at Help the Aged and City University, London.

Julienne Meyer

is a Professor of Nursing and Director of the *My Home Life* programme at City University, London.

Jane Bentley

is Visiting Research Fellow at the City University, London.

Hazel Heath

is an independent nurse consultant, Visiting Senior Research Fellow at the City University, London and Consultant Editor to the *Journal of Dementia Care*.

Claire Goodman

is Professor in Health Care Research at the University of Hertfordshire.

Abstract

Partnership between healthcare and social services agencies has been a major theme of government policy for the last ten years and the potential for care homes to contribute significantly to health and social care planning and provision is growing. Yet, despite this, partnership working and access to basic levels of NHS support for care home residents can often be very limited. *My Home Life* (www.myhomelife.org.uk), a new UK programme led by Help the Aged, National Care Forum and City University, aims to improve the quality of life for those living, dying, visiting and working in care homes for older people. The programme has identified the need for improved access to health and healthcare as crucial in optimising the quality of life of older people in care homes. This paper explores the current difficulties that face care homes in accessing healthcare services and examines the potential for better partnership working between care homes and the NHS as a means of delivering better access to healthcare for residents. The paper draws on the learning from a joint event hosted by the Care Services Improvement Partnership and *My Home Life* programme in collaboration with

Julienne Meyer
City University
School of Community and
Health Services
Philpot Street
London, E1 2EA, UK
Tel: +44 (0)20 7040 5791
Fax: +44 (0)20 7040 5529
E-mail: j.meyer@city.ac.uk

the Care Homes Learning Network (South West), which brought together a range of stakeholders from the NHS, social services, academic institutions and the care homes sector to discuss how best to improve partnership working.

Keywords:

partnership working, health and social care planning, care homes, older people, NHS, independent sector, quality of life, commissioning

Partnership working

Health and social care

Care homes

INTRODUCTION – THE EVIDENCE

Over the last ten years, partnership between healthcare and social services agencies has been a major theme of government policy and there is growing recognition of the potential for care homes to contribute significantly to health and social care planning and provision. The Health Act 1999¹ removed the major legal barriers to the integration of health and social care. It allowed for closer partnership working between strategic health authorities (SHAs), NHS trusts, primary care trusts (PCTs), social services, housing and transport. Subsequent policy has continued to place emphasis on joint commissioning between PCTs and local authorities² and reshaping health and social care services to support better partnership working.³ PCTs are developing systematic programmes to review the services they commission and will have the option to purchase new models of service, including those provided by the independent sector.⁴ More recently, the Government published a concordat with the statutory, independent and third sector, which puts forward a vision for partnership working to support the transformation of the health and social care sector in order to make it more responsive to individual users of services. The concordat yet again places a requirement on the statutory sectors to engage with the independent and third sector in agreeing shared outcomes for health and social care and new ways of working to meet the needs of the local population.⁵ Care homes potentially offer a network of facilities which could work with NHS community hospitals and community health teams to offer a range of service options including clinics, day care, respite care, intermediate care, rehabilitation, specialist nursing or outpatient care for older people and those with mental health needs, learning disabilities or physical disabilities.⁶

CARE HOMES AND CURRENT ACCESS TO HEALTH SERVICES

Despite the potential for partnership with care homes, evidence reviewed as part of the *My Home Life* programme⁷ revealed major areas of concern in relation to accessing healthcare services. For example, some residents were found not to be receiving services to which they were entitled under the NHS, while others, particularly those funding their own care home fees, were being charged for services that were ordinarily provided free under the NHS to

Poor access to healthcare services for care home residents

patients in other settings.⁸ The evidence is unequivocal. There are wide variations, both nationally and within individual localities, in the delivery of healthcare services to care home residents and yet this is despite the fact that older people living in care home have substantial, multiple, healthcare needs.^{9,10}

In 2006 a large survey of BUPA care homes in the UK identified that over two-thirds of residents had neurodegenerative diseases such as dementia, stroke or Parkinson's disease.¹¹ The survey included both care homes providing nursing care and care homes simply offering personal care. Eight out of ten residents had at least one form of mental impairment, two-thirds were diagnosed as incontinent and nearly half were both incontinent and unable to move around without help. Importantly, for over 90 per cent of residents, medical problems and associated disability, rather than general frailty and social needs, instigated the move into a care home, ie their needs were primarily health-related rather than social.^{12,13}

Areas where access to healthcare for care home residents is often limited include those described below.

Nursing services

District nurses have regular contact with residential homes for discrete nursing tasks, but research¹⁴ suggests that more could be done to provide specialist nursing support to prevent avoidable acute hospital admissions and offer specialist expertise, for example, in nutrition, continence or bowel care. Attachment of a nurse to a home or group of homes would therefore be beneficial in advising or teaching on these aspects of care.

Lack of specialist nursing

Therapeutic support

There is a recognised national shortage of all types of therapists and the research review suggests that in practice the NHS provides no regular 'hands on' therapy services to care homes.¹⁵ Speech and language therapy support is nonexistent in most homes.

Physiotherapy and chiropody/podiatry are commonly not provided under the NHS. Many older people who have had strokes are less likely to receive physiotherapy or occupational therapy if they live in a care home than if they live in their own homes. Some homes employ physiotherapists, often part-time or on a sessional basis, but the cost may be charged to residents, which would not be the case if the therapy were provided to older people living in their own home.¹⁶

No regular NHS therapy services

Mental health support

It is estimated that three-quarters of people living in care homes have dementia and that their needs are substantial. Depression is thought to affect around 40 per cent of care home residents but, as depression often goes unrecognised, this is likely to be an underestimate.

Mental health needs not recognised

Denial of traditional interdisciplinary geriatric care

Specialists in medicine for older people

Surveys suggest that the majority of homes have no direct contact or routine involvement with specialists in medicine for older people.^{17,18} As the Royal College of Physicians, Royal College of Nursing and British Geriatrics Society Taskforce¹⁹ has stated: ‘it is a paradox that older people with greatest need for consistent, creative and effective care now live in care homes denied the traditional essence of interdisciplinary geriatric care’.

Multidisciplinary teams

The research review also identified enormous potential for multidisciplinary team input, in terms of professional advice on care management, the development of policies/protocols and for staff education/training, to improve the health of care home residents in aspects widely recognised as problematic, such as:

Enormous potential for multidisciplinary team input

- medication planning, management and review;
- pain assessment and pain management;
- nutrition assessment, guidance on eating and drinking, and nutritional supplements;
- continence assessment, treatment and management;
- falls prevention, environmental modification, moving techniques and equipment, and exercise to enhance muscle strength and mobility.

Need for better partnership working between NHS and care homes

EXPLORATION OF BETTER PARTNERSHIP WORKING

While positive partnership working between the NHS and care homes will certainly not eliminate all of the structural barriers to healthcare access for older people, there is clearly the need for closer working between these partners in identifying and responding to needs within the care home population. As noted below, positive partnership working would appear to have other benefits which would in themselves help contribute to better outcomes for older people in their care.

MHL/CSIP/CHLN (South West) initiative

In an attempt to understand the key elements that lead to better partnership working, the *My Home Life* programme, in conjunction with the Care Services Improvement Partnership (CSIP) and the Care Homes Learning Network (South West), brought together key stakeholders from healthcare, social care and care homes at a local event in Southwest England.²⁰

Approximately 78 delegates attended the event: 45 per cent of delegates were from within the independent care home sector (including residents, relatives, proprietors, managers and staff), and 44 per cent were from the wider health and social care sector (acute trusts, PCTs, SHAs, social services, Commission for Social Care Inspection and Department of Health). The three main aims for this consultative workshop were:

- to summarise best practice models between NHS trusts and the local care home sector;
- to assist representatives from the NHS who have responsibility to redesign services for older people to have closer working relations with care homes;
- to enable representatives from local health and social care communities, with experience in this area, to pool their knowledge and learning.

World Café methodology

The World Café methodology²¹ was used at the workshop in order to foster maximum interaction and engagement and to generate good qualitative data. The World Café is an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups (at facilitated tables), thereby cross-pollinating ideas and revealing new insights into the questions or issues that are most important in their life, work or community. Through this methodology participants have an opportunity to explore in depth the issues and solutions relevant to partnership working. Some examples of the barriers, opportunities and positive practices in relation to improved partnership working which arose out of discussions at the workshop are summarised below.

Issues and solutions. Barriers, opportunities and positive practices

Positive examples of partnership working currently in place

A number of positive stories were given relating to how 'joined-up' working between care homes and the NHS was already successfully established. For example, some localities had nurse-led teams which would link with care homes and create connections to the GP, pharmacist and specialist nursing services. Some nurse teams would offer training and support to care homes, and provide medication review or links to the community equipment team. There was also an example of how an acute care team provided specialist support to enable residents to remain in the care home when they were dying.

Positive examples of partnership working

Several groups of delegates also specifically cited the creation of community matrons as a very positive initiative in terms of helping to improve partnership working. The role is specifically seen as valuable in helping care homes support people with long-term chronic conditions by improving access to specialist services. The community matron also offers a valuable link between the PCT commissioning team and local care homes.

As well as reports of successful locality-wide initiatives, examples of good partnership working between specific NHS staff and individual care homes were given. In many cases, this was based around GP input. For instance, in one area, a team of GPs, Community Psychiatric Nurses and other staff would provide twice-monthly clinics in the care home, offering anticipatory care and responding to the concerns raised by care home staff.

Prerequisites for successful partnership working

PREREQUISITES FOR IMPROVING ACCESS TO HEALTHCARE THROUGH BETTER PARTNERSHIP WORKING

There are some consistent messages from both practice and research about the prerequisites for successful partnership working across different organisations and, while not exhaustive, the list provides a basis for discussion and development:

- developing relationships across care homes and the NHS;
- shared principles, values and joined-up processes;
- joint education and opportunities to share good practice.

These points were developed in more detail within the local workshop.

Developing relationships

A recurring theme within the workshop was that effective partnership relied on the development of positive relationships between individual practitioners in care homes and the NHS. Recognition and respect for the role that each played in working towards a common goal of providing care to older people living in care homes were seen as crucial. Delegates noted the importance of building up relationships with named individuals either in the care home, such as the manager, or in the acute trust or PCT: 'it's *who* you know!' Identifying key people within organisations was often seen as a crucial means of improving relationships and information sharing. Promoting personal contacts and relationships were seen to result in better access to services, better sharing of information, along with greater trust in each party. Some care homes also felt that such relationships helped them to feel less isolated or overwhelmed by the responsibility of caring for the older person.

Setting up local directories of names, contact details and roles, along with having staff exchange days across sectors and organisations within the locality, were seen as useful ways to help improve understanding of roles and priorities, helping care homes better understand what they could access and how. Building good working relationships with GPs was seen as especially crucial.

Having respect for each other's role

Effective partnership was also seen as requiring a clear understanding of, and respect for, each other's roles in the process of care, the knowledge and expertise that each is able to offer, the culture of each organisation and the external pressures placed upon them. Some comments suggested that this respect and recognition of each other were not always apparent:

'We need more mutual respect. Health professionals are sometimes seen as patronising by pointing out the obvious in terms of caring for older people – but then again, some care homes need basic prompting on care that is being provided.'

Developing positive relationships across care homes and the NHS

Mutual respect for knowledge and expertise

‘There is a power dynamic which means that health professionals working in the NHS feel more powerful, more professional, higher status than care home staff, which impacts on equal partnership working.’

Then again, there was also recognition that those working in care homes might wrongly assume NHS staff viewed them in a particular way:

‘[We need to be] speaking to each other, removing the barriers and the assumptions that, “the NHS does not understand care homes”, because many practitioners do.’

Challenging negative attitudes and stereotypes about care homes and their role in the wider health and social care system was therefore seen as essential to nurturing better partnerships. Delegates argued that successful partnership working needed to be a two-way process where there were clear benefits to both parties. Local NHS bodies need to understand the advantages afforded by fostering closer relationships with care homes and providing greater support; however, it is recognised that such support may require additional resources, and therefore it is essential for local health commissioners to recognise both the added value of such investment and the potential for care homes to support the wider health and social care system. Some positive examples were offered of how care homes were able to respond to the wider needs of the community. These included the development of respite and intermediate care, centres for advice on care, and support for older people within their own homes during crisis situations.

Shared principles, values and joined-up processes

There is no doubt that the major barriers to improved partnership between care homes and the NHS are structural and organisational in nature. Issues of culture, infrastructure and hierarchy will always be a challenge in bringing together care homes and the NHS. There will also be issues that arise because of different employment structures, patterns, care priorities and respective organisational pressures and targets. The current situation of a separate funding system for health and social care is also a significant barrier to effective partnership.

‘We need to be working as one team, but separate funding stops this.’

Delegates felt that effective partnership working would be greatly enhanced if there was more commonality within practice and if an integrated strategic approach to services was taken in each area at the organisational level, for example, through having:

Challenging issues of culture, infrastructure and hierarchy

- standardised practices and paperwork across the board;
- appropriate information technology support available to all;
- shared common performance targets and monitoring.

Association/formal network bringing together cross-sector stakeholders in each area

Such structures would support a more integrated approach to responding to the needs of older people; there would be greater sharing of goals and desired outcomes between the NHS and care homes, which in itself might lead to more recognition of the need for greater access of healthcare support to the care home. It was also felt that a more integrated approach might lead to better, more efficient use of current resources. One delegate offered an example of this:

‘Rather than having *ad hoc* input into care homes by the district nurse, the total weekly hours of involvement in a care home should be consolidated, so that there is one weekly visit at which time the care home manager can discuss residents, get advice, explore preventative measures and develop partnerships.’

Target funding to support collaborative initiatives

Delegates felt that ultimately increased and targeted funding was needed to support collaborative initiatives, as this would send a clear message that closer integration between NHS services and care homes was a priority. There was consensus that more collaborative initiatives needed to be supported and that input should be proactive rather than reactive (just responding to referrals). Having greater levels of funding to support such initiatives was seen as vital to ensure staff across organisations felt confident about being proactive and about setting up anticipatory projects.

Need for joint training

Joint education and opportunities to share good practice

Concerns were raised that currently some care homes found it difficult to access training. Many found it difficult to release staff to attend external training and wanted more ‘on-site’ training provided in clinical skills by specialised staff. Establishing joint training across health and social care was seen as a crucial means of promoting effective partnership working. Better training of care home staff could both reduce the need to access external support from healthcare professionals and improve social care assessment and communication with health professionals. Three types of training input were seen as especially valuable:

- the provision of opportunities for individual cross-sector learning, such as through having student nurse or allied health professional placements in care homes, or by encouraging the shadowing of roles across partner organisations;
- the establishment of shared learning networks, where partners

could both disseminate good practice and jointly reflect on error reporting or audit;

- the provision of specific training for targeted staff provided by specialist workers, for example, where district nurses train care home staff in catheter care.

The Government's concordat, *Putting People First*, clearly recommends the need for workforce development strategies which raise skill levels across all sectors.²²

BETTER EDUCATION OF INDIVIDUALS

Partnership working is likely to be improved through better education of individuals working in the field; especially if this focuses on improving their understanding of other services and roles in the health and social care system through opportunities to work in other areas or settings. Delegates identified that particular attention needs to be given to the creation of:

Create more opportunities to work in other areas or settings

- more placement opportunities in care homes for student nurses, occupational therapists, physiotherapists and others (including GNVQ students from colleges, perhaps);
- more shadowing opportunities right across health and social care;
- more opportunities for specialists to come into care homes to provide guidance and education (for example, hospital discharge staff to visit an older person in a care home and update staff regarding managing their health needs).

CONCLUSION

Despite a history of frequent association and contact between the NHS and the care home sector over many decades, it is clear that partnership working is patchy. Research evidence has clearly demonstrated that older people living in care homes often get a very poor deal from the NHS given the complexity of needs and high levels of physical and mental frailty. As the number of people needing nursing or personal care in care homes will double by 2020,²³ and in the light of anticipated funding shortages, it becomes even more crucial to develop new ways in which care homes and the NHS can work together in supporting this population. Recent government policy has emphasised the importance of partnership working in responding to the individual needs of social care users. This is a real opportunity for care home operators, staff and residents to influence how health and social care services develop in the future. The workshop has demonstrated that there are positive examples of partnership working which can be built upon and clearly seem to point towards improved outcomes for older people in care homes. There is also enormous potential for care homes to work with other agencies in order to offer new services which are both 'joined up' and flexible in meeting the needs of individuals and families within local communities.

Partnership working is patchy

Crucial to develop new ways of working

Positive practice to build on

Need for explicit strategies

It remains the case that greater partnership working can only be realised when there are explicit strategies and building blocks in place to facilitate effective joint working. Real commitment to greater, more effective partnership working requires leadership at the highest level within the health and social care systems. Care homes need to be valued for the role that they play in supporting the frailest sections of the population. Processes need to be put in place which actively support managers and practitioners from both healthcare and the care home sector to come together as equal partners to understand each other's roles and areas of expertise, to build relationships and plan for the care of older people in the local area through the reconfiguration of how existing services work. Only then will it be possible to achieve positive partnership working and an improved quality of life for older people in care homes.

Value care homes more

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References

1. HMSO (1999) The Health Act 1999, implemented in England and Wales in 2000, The Stationery Office, London.
2. Department of Health (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services*, Department of Health, London, January.
3. Department of Health (2007) *The Commissioning Framework for Health and Well-being*, Department of Health, London.
4. Department of Health (2006) *Report of the Third Sector Commissioning Task Force: Pt II: Outputs and Implementation*, Department of Health, London.
5. Department of Health (2007) *Putting People First*, Stationery Office, London.
6. RNHA (2006) 'Nursing homes could work alongside community hospitals to expand range of local services', news release from the Registered Nursing Home Association, 21st August, available at: <http://www.rnha.co.uk>
7. NCHR&D Forum (2007) 'My Home Life: Quality of life in care homes. A review of the literature', Help the Aged, London.
8. O'Dea, G., Kerrison, S. H. and Pollock, A. M. (2000) 'Access to health care in nursing homes: A survey in one English health authority', *Health and Social Care in the Community*, Vol. 8, No. 3, pp. 180–185.
9. Bowman, C., Whistler, J. and Ellerby, M. (2004) 'A national census of care home residents', *Age and Ageing*, Vol. 33, No. 6, pp. 561–566.
10. Continuing Care Conference (2006) Census of BUPA care home residents, launched 30th June, 2006, BUPA Care Homes, London.

11. *Ibid.*
12. Bowman *et al.*, ref. 9 above.
13. Continuing Care Conference, ref. 10 above.
14. Goodman, C., Woolley, R. and Knight, D. (2003) 'District nurses' experiences of providing care in residential home settings', *Journal of Clinical Nursing*, Vol. 12, No. 1, pp. 67–96.
15. Barodawala, S., Kesavan, S. and Young, J. (2001) 'A survey of physiotherapy and occupational therapy provision in UK nursing homes', *Clinical Rehabilitation*, Vol. 15, pp. 607–610.
16. *Ibid.*
17. O'Dea *et al.*, ref. 8 above.
18. Glendinning, C., Jacobs, S., Alborz, A. and Hann, M. (2002) 'A survey of access to medical services in nursing and residential homes in England', *British Journal of General Practice*, Vol. 52, No. 480, pp. 545–548.
19. Royal College of Physicians, British Geriatrics Society and Royal College of Nursing (2000) *The Health and Care of Older People in Care Homes: A Comprehensive Interdisciplinary Approach*, Royal College of Physicians, London.
20. Harries, N., Meyer, J., Owen, T., Dewar, B. and Fear, T. (2007) *Partnership Working Between Care Homes and the NHS: A South West England Consultative Workshop, Taunton Racecourse, October 16th 2007: Final Report*, Care Services Improvement Partnership, available at: http://www.integratedcarenetwork.gov.uk/_library/CSIPMHLCHLNReport.doc
21. See <http://www.theworldcafe.com/what.htm>.
22. HM Government, ref. 5 above.
23. Department of Health, ref. 2 above.

Further reading

Laing and Buisson (2006) *Care of the Elderly Market Survey 2006*, 19th edn, Laing and Buisson, London.