

NICE support for commissioning for mental wellbeing of older people in care homes

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1 Introduction

Implementing the recommendations from NICE guidance and other NICE-accredited guidance is the best way to support improvements in the quality of care or services, in line with the statements and measures that comprise the NICE quality standards. This report:

- considers the cost of implementing the changes needed to achieve the quality standard at a local level
- identifies where potential cost savings can be made
- highlights the areas of care in the quality standard that have potential implications for commissioners
- directs commissioners and service providers to a package of support tools that can help them implement NICE guidance and redesign services.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. The statements draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. For more information see [NICE quality standards](#).

NHS England's [CCG outcomes indicator set](#) is part of a systematic approach to promoting quality improvement. The outcomes indicator set provides clinical commissioning groups (CCGs) and health and wellbeing boards with comparative information on the quality of health services commissioned by CCGs and the associated health outcomes. The set includes indicators

derived from NICE quality standards. By commissioning services in line with the quality standards, commissioners can contribute to improvements in health outcomes.

Commissioners can use the quality standards to improve services by including quality statements and measures in the service specification of the standard contract and establishing key performance indicators as part of tendering. They can also encourage improvements in provider performance by using quality standard measures in association with incentive payments such as [CQUINs](#). NICE quality standards provide a baseline against which improvements can be measured and rewarded, enabling commissioners to address gaps in service provision, support best practice and encourage evidence-based treatments and care.

This report on the mental wellbeing of older people in care homes quality standard should be read alongside:

- [Mental wellbeing of older people in care homes](#). NICE quality standard (2013).
- [Common mental health disorders](#). NICE clinical guideline 123 (2011).
- [Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#). NICE public health guidance 16 (2008).

2 Overview of mental wellbeing of older people in care homes

The quality standard [Mental wellbeing of older people in care homes](#) covers the mental wellbeing of older people (65 years and over) receiving care in all care home settings, including residential and nursing accommodation, day care and respite care. The term 'mental wellbeing' includes key elements to support physical and mental health and independence, such as: life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life and a sense of belonging and support.

There is evidence from the Institute for Public Policy Research that many older people are becoming increasingly dissatisfied, lonely and depressed and that many experience low levels of life satisfaction and wellbeing ([Allen 2008](#)). A decline in mental wellbeing should not be viewed as a natural and inevitable part of ageing. In 2008 the Mental Health and Older People Forum issued a [consensus statement](#) on the need to raise both older people's and societal expectations for mental wellbeing in later life. Taking action to ensure that older people within care homes are empowered to be involved in all decisions about their care is fundamental to achieving these goals.

Government initiatives at local and national level emphasise the need for local authorities, health and social care services to collaborate and prioritise quality improvement across older people's services. Current practice across residential and nursing accommodation, day care and respite care varies widely depending on factors such as funding arrangements for service providers and the service delivery model used. This can lead to older people receiving inequitable levels of care nationally.

Research indicates that many care homes are still not providing person-centred care for older people. [Person-centred care](#) for people who live in care homes is defined by the Social Care Institute for Excellence (SCIE) as the people and their families being treated as 'customers', with their views and experiences continually informing and improving the services offered by the care home. One of the major problems identified by the Alzheimer's Society in its 2007 [report](#) was that older people in care homes were not being offered the chance to take part in enough meaningful activity.

2.1 *Statistics on mental wellbeing of older people in care homes*

[Latest available figures from the Care Quality Commission](#) (CQC) show that in England an estimated 8.7 million people are aged 65 years or over and 1.2 million are 85 years or over – figures which are expected to increase considerably in coming years. According to NICE's public health guidance on

[mental wellbeing in older people](#), by 2020 1 in 5 UK citizens will be aged 65 years or older.

[Figures from the CQC](#) indicate that there are more than 400,000 older people living in care homes in England. This includes people receiving care in residential and nursing accommodation funded by local authorities and people who either partly or fully fund their own care.

A 2006 [UK inquiry by Age Concern and the Mental Health Foundation](#) found that 40% of older people attending GP surgeries and 60% of those living in residential care had 'poor mental health'.

3 Summary of commissioning and resource implications

The cost of meeting the quality standard for mental wellbeing of older people in care homes depends on current local practice and the progress organisations have made in implementing NICE and NICE-accredited guidance.

Local authorities are responsible for commissioning care homes, including residential care, nursing homes and day care centres. The core medical care of older people in care homes is the responsibility of NHS England. Health and social care commissioners will need to work in an integrated way with providers, health and social care professionals, older people and their carers to improve the mental wellbeing of older people across a range of care home settings and to address and raise awareness of the statements in the quality standard.

Commissioners will need to agree processes to assess how providers and services promote and monitor the mental wellbeing of older people in care homes. This may include commissioning of local enhanced services, and enhanced contract monitoring by clinical commissioning groups (CCGs), as well as the use of personal budgets, advocacy services or extra staff training. Table 1 summarises the commissioning and resource implications for

commissioners working towards achieving the quality standard. See section 4 for more detail on commissioning and resource implications.

Table 1 Potential commissioning and resource implications of achieving the quality standard for mental wellbeing of older people in care homes

Quality statement	Commissioning implications	Estimated resource impact
1, 2 – Meaningful activity and personal identity	Commissioners should work with providers to ensure that services offer older people the opportunity to participate in meaningful activity, and that their personal choices and identity are respected as part of the culture of care. This may include commissioning advocacy services and ensuring staff have sufficient time to interact with people in their care.	Achieving required levels of service may impact on future contract costs with commissioning organisations if current staff levels are insufficient. Providing services such as advocacy may incur some additional costs depending on whether they are provided by professional staff or volunteers.
3,4,5 – Signs, symptoms and needs recognised and recorded as part of a care plan	Ensure that care home staff are suitably trained to recognise signs, symptoms and needs of mental health conditions, sensory impairment and physical problems and to record as part of care plans. This includes encouraging collaboration with local GP practices.	Extra training of existing care home staff may involve additional staff costs. Any enhanced service for local GPs will need additional funding, depending on local arrangements. However, these measures could result in decreased numbers of visits to secondary care in general, which could represent an overall saving for healthcare services.
6 – Access to healthcare services	Ensure that older people in care homes have access to the full range of healthcare services. Clinical commissioning groups (CCGs) may wish to commission local GPs to provide a separate 'rolling visiting' service.	Extra costs will depend on local arrangements. Potential savings include reductions in attendances at accident and emergency departments and non-elective hospital admissions.

4 Commissioning implications and cost impact

This section considers the commissioning implications and potential resource impact of implementing the recommendations to achieve the NICE quality standard for mental wellbeing of older people in care homes.

4.1 *Meaningful activity and personal identity*

Quality statement 1: Meaningful activity

Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

Quality statement 2: Personal identity

Older people in care homes are enabled to maintain and develop their personal identity.

It is important that older people in care homes have the opportunity to take part in activity that helps to maintain or improve their health and mental wellbeing. Older people should take an active role in choosing and defining activities that are meaningful to them. If the older person wishes, families, friends, advocacy workers and carers should be involved in activity whenever possible. This will help to ensure that activities are meaningful and relationships are developed and maintained.

The Social Care Institute for Excellence's (SCIE) concept of [personalisation](#) is likely to be of key importance to commissioners and service providers working towards achieving these quality statements. The Department of Health's guidance on [commissioning for personalisation](#) describes commissioning as the process of working together with people and providers to translate their aspirations into timely and quality services, which meet their needs, enable choice and control, are cost effective and support the whole community.

Personalisation means fostering a culture of care that recognises people as individuals who have preferences and ensuring that they are at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need, or received the right help ([SCIE 2009](#)).

Examples of how personalisation can be achieved in a care setting are:

- Allocating a named contact to each older person on admission. This staff member remains responsible for the older person's transition into the care home. This can reduce anxiety and enable the preferences of the older person to be heard and recorded.
- Reconfiguring time allocations of care home staff so that they can offer one-to-one support to allow each older person to engage in activity that is meaningful. For example, if 3 members of staff previously undertook a combined 20 hours per week of group activity, these hours could be re-allocated so that each older person receives individual staff time, tailored to their preferences. These arrangements would be dependent on older people's wishes and on staffing provision locally. It might mean individual staff taking trips away from the care home with an older person or concentrating on an older person's choice of activities on a one-to-one basis. Care homes are currently expected to have sufficient staffing resources to meet these needs, but where they do not this way of working could incur additional costs, depending on how the service is provided.
- Ensuring that there are a range of food choices on the menu that older people can choose from on the day.

The concept of personalisation requires commissioners and service providers to focus on what people want, rather than on what people think of existing services, which will mean finding new and better ways to listen to people, and tailoring time and budgets accordingly. More information can be found in the [Department of Health's guide to personal health budgets](#).

From April 2014, every person receiving [NHS Continuing Health Care](#) will have the right to ask for a [personal health budget](#). How this will affect people

who choose this option will vary depending on individual circumstances. This is a developing area of health policy, but clinical commissioning groups (CCGs) will need to develop the capacity and capability to deliver personal health budgets. For a detailed overview of personal health budgets and how they may affect older people, see Age UK's [Making managed personal budgets work for older people](#).

4.2 Signs, symptoms and needs recognised

Quality statement 3: Mental health

Older people in care homes have the symptoms and signs of mental health conditions recognised and recorded as part of their care plan.

Quality statement 4: Sensory impairment

Older people in care homes have specific needs arising from sensory impairment recognised and recorded as part of their care plan.

Quality statement 5: Physical problems

Older people in care homes have the symptoms and signs of physical problems recognised and recorded as part of their care plan.

Local authorities, as the commissioners, should take steps to ensure that staff within care homes are able to recognise in older people any signs, symptoms and needs arising from conditions related to sensory impairment or mental or physical health problems and that they are recorded as part of the care plan.

Although staff have a duty of care for older people, these actions are also important to allow early intervention and to implement appropriate preventive medical care within the care home. This can minimise older people's attendances at hospital accident and emergency departments, and the number of emergency hospital admissions. Working towards these goals may lead to a cost saving within both health and social care.

Ensuring that staff have the skills needed to recognise sensory, mental and physical health needs and to record these in care plans could mean providing additional training for existing care home staff, and working with local health or social care professionals to meet the NICE quality standard. Local authorities may also wish to consider employing a healthcare professional with the necessary skills to train and support care home staff with assessments and care planning across a range of settings. When commissioned through the NHS, the cost for a specialist in the care of older people (band 6) is estimated at £36,000 per annum for salary and oncosts¹. Educational materials, including lists of symptoms older people might experience and the relevant reporting protocols, could be developed locally.

Care home managers should consider implementing checks for medical, sensory, mental and physical health needs after a person is admitted to their care, and on a regular basis. See section 4.3 for more detail on how this can be implemented. Outcomes should be recorded within care and support plans.

Contracts between care homes and local authorities commonly stipulate a requirement for care plans and regular review meetings to be in place, which should include assessing each older person's medical needs and their sensory, mental and physical health. To ensure that care plans and checks are effective, local authorities may wish to enhance contract monitoring and ensure that pathways for onward referral are in place.

4.3 Access to healthcare services

Quality statement 6: Access

Older people in care homes have access to the full range of healthcare services when they need them.

¹ Based on a salary from the mid-point of band 6, Agenda for Change 2013/14. Basic salary at this level is £29,759. The £36,200 figure includes oncosts, excluding training or facilities costs.

Many health and social care commissioners have sought to improve access to healthcare services by encouraging stronger links between care homes and their local GP services. A number of CCGs currently commission an additional 'rolling visiting programme' by local GPs to care homes. This commonly involves GP surgeries receiving incentive payments to make regular block visits to their patients in care homes, without the need for formal appointments. Taking this step can reduce the need for older people to make emergency GP appointments, reduce their visits to accident and emergency departments and non-elective hospital admissions. It can also mean that older people receive prompt referrals when they need them.

Based on examples from individual CCGs, current costs are approximately £100 for the initial assessment and review of an older person on admission to the care home and around £35 per quarter per older person for ongoing care. The costs associated with commissioning this service will be subject to local contracting arrangements.

5 Other useful resources

5.1 *Useful resources*

- British Association of Occupational Therapists and College of Occupational Therapists (2013) [Living well through activity in care homes: the toolkit](#).
- Social Care Institute for Excellence (2012) [Personalisation: a rough guide](#). SCIE guide 47.
- Social Care Institute for Excellence (2013) [Dignity in care](#). SCIE guide 15.

5.2 *NICE pathways*

- [Mental wellbeing and older people](#)

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