

CONFERENCE ABSTRACT

Initial learning from system wide feedback about an integrated physical and mental health, in-reach, service for care homes

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Introduction: There are 35 million people with dementia worldwide, many of whom live in care homes. For example, in the UK one third of people with dementia live in care home facilities, and a large proportion of these individuals have moderate or severe dementia and have highly complex care needs.

An Integrated Care Home Support Service adopted a stepped care model to deliver care and treatment of both physical and mental health problems with the aim of early identification of need. A qualitative study formed part of the overall evaluation of the project and presents an opportunity to enhance understanding of factors which are important to implementing integrated health care initiatives and to determine their impact and sustainability in a routine NHS setting.

Methods: Eight focus groups were conducted with a range of stakeholders including Care Home Support Service staff, care homes staff, community physical and mental health teams in the NHS as well as a public and patient involvement group. A total of 39 stakeholders participated in the focus groups to explore their experience of the service, their perception of its impact as well as areas of further development.

Results: Thematic analysis identified three key themes. The first theme highlighted the challenges of, and factors to consider when, implementing new models in the care home setting. The second theme reflected the importance of relationship building with stakeholders both outside of the NHS as well as within the organisation. The final theme highlighted the continuing needs of stakeholders including the importance of providing them with training and sharing knowledge.

Discussion: There was consistency between the groups regarding the challenges of working into care homes. Whilst CHSS staff, care home staff and NHS teams all recognised the importance of relationship building when implementing services, views of these relationships as well as areas for development differed and needs to form part of project planning. The feasibility of creating more holistic care services was confirmed and the need for on-going review and training to respond to evolving cultural changes was highlighted.

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Conclusion: This qualitative evaluation with a broad range of stakeholders highlights a number of areas to consider when implementing a model of integrated care in care home settings.

Lessons learned: The findings highlight the importance of attending to outward facing and specific team relationships, and the importance of reflective and reflexive practice in response to service change and feedback.

Limitations: The research is relates to NHS and care home services within the UK and the findings may be context dependent.

Suggestions for future research: Future research may benefit from considering the experiences of the stakeholders of services which have become more established to highlight key areas pertaining to sustainability.

Keywords: care homes; stakeholder involvement; service re-design
