# Health Call Digital Care Homes

Interviewee: Sarah Douglas, Project Manager for Supporting the Provider Market, Durham County Council

**Health Call Digital Care Home was being implemented in the county commissioned by Durham County Council but delivered in partnership with County Durham and Darlington NHS Foundation Trust (CDDFT). However, the pandemic necessitated an increase in implementation pace due to the impact of COVID-19 on care homes.**

## Approach/Methodology

The Supporting the Provider Market project work involves working with providers of adult social care but also working with provision / services linked to hospital discharge and admission avoidance.

There are five main areas of provider support: recruitment and retention (care academy); training and development (care academy); practice support (proactively looking at areas where support can be given): tech and innovation (including Health Call Digital Care Home); and finally provider interfaces with health and social care.

When COVID-19 hit, this project placed County Durham in a very good position to build on. They had already identified key development areas and had several initiatives either in place or currently being implemented.

In terms of the Health Call Digital Care Home initiative, which enables electronic referrals and remote monitoring of residents by Older People Care Homes, the pace of implementation was rapidly increased by CDDFT in Feb / March / April and this meant the project was completed in 14 months instead of 24. Working in partnership, the Health Call offer has been expanded to include remote dietetic support and wound care and also moved into other settings such as Extra Care.

The Council and CDDFT who already had a good relationship, worked together as a team with local GP Federations and Care Homes. Access to kit proved difficult during the pandemic (e.g. sourcing thermometers, pulse oximeters and tablets) but as procurement and finance processes were streamlined and the Trust were able to help procure kit this was managed effectively. There was also quicker decision making regarding wider roll out which supported rapid implementation in new areas.

## Impact

The implementation of Health Call Digital Care Homes meant reduced footfall to the homes as remote monitoring was used by clinicians in collaboration with care home staff. Safe decisions could be made and advice given to care staff who were empowered to be proactive in seeking support for their residents. The residents themselves were able to see care home staff were responding to their needs by taking observations when unwell or as part of the regular observation monitoring. Care Home staff spent less time on the phone making referrals freeing them up for more time providing direct care.

The care home staff were also able to request COVID testing for symptomatic residents via Health Call Digital Care Home system.

Latest analysis comparing data from Nov-18 to Aug-19 and Nov-19 to Aug-20  has found that the number of hospital admissions in Care Homes with Health Call Digital Care Home have reduced from an average 6 per care home per month to 2.4 per care home per month.

The success of the system has led to case studies being developed which have been published on the LGA website and will be included in the upcoming CQC *Enabling innovation and adoption in health and social care* report.

## Next Steps

Using this digital system, the care home staff can access the health care support residents need. There are safeguards around pathway requests using the Single Point of Access (SPA).

As the initial idea for this system came from a care home, it is continually being developed and improved in partnership with the homes. Ideas can be suggested and changes implemented.

The council are now working with Learning Disability and Mental Health Care Homes to explore what their needs are for a digital solution to accessing health services when a resident is physically unwell.

The Council have recently offered a Tech Innovation & Improvement Fund for CQC registered care providers to bid for a funding such as equipment, software and also ways to improve connectivity.

## Key Learning Points

The care homes themselves helped develop and champion the app and shared their experiences with other care homes and support their uptake.

Spread and adoption comes from cross working with the Council, CCG, Trust, Care Homes and presentations at national and regional events are co-produced and delivered with the Trust and care home managers.

Wrap around support should be offered with the system e.g. follow up / refresher training and IT support.

Funding needs to be provided for long term sustainability.

Confidence has developed amongst users, but lack of confidence should not be underestimated.

## Testimonial

“We do it best when we do it together,”.