

Written evidence submitted by Nightingale Hammerson (ASC0017)

Nightingale Hammerson is a charity that delivers residential and Nursing care to around 250 older Jewish people in London. The charity has existed for 180 years and has a very clear purpose of providing the best possible quality of care and quality of life to older people regardless of their financial circumstances. It is for this reason we are glad we are a charity and are very blessed to have the support of the incredibly generous community. Every year we provide care, we operate at a significant deficit. This is not because we are inefficient, we have incredibly robust financial stewardship. It is simply because the cost of providing high quality care with the rates we are provided from the local authorities and the NHS does not even cover the basics.

The fair cost of care exercise, even when benchmarked and all the 'non essential' (quality of life stuff) was removed still had no impact on driving up fees to ensure they meet the basic cost of care. LA and CHC fees on average deliver around 60% of what it really costs to provide a good standard of care. So the reality is that without charities such as mine you have an unequal system where the quality of care provision really does depend on how much you can afford to pay.

We believe that every person in our homes should receive exceptional care. We therefore put a huge amount of energy and effort into fundraising so we can not only fill the funding gap but can also support the services that ensure better outcomes for people.

We have purposefully and intentionally created a true integrated care system within both of our homes to ensure we deliver the best outcomes for people. We can evidence this. We are rated Outstanding by the CQC. We have incredible feedback and win multiple awards but the real evidence is in the indirect impacts of having such an exceptional model of care.

Having integrated care via multidisciplinary teams delivers no avoidable hospital admissions, our in-house GP service delivers medical care at time of need in the comfort of the home which means infections are managed quickly and don't escalate. Medications are delivered and monitored as required by our in-house Pharmacy Technician. Mental health and well-being is supported by our in-house Psychologist, Physio and Occupational Therapists, where exercise and treatments are delivered as required in the in-house gym or in rooms. Appointments are as required, with no wait. We observe our residents are rarely sitting in chairs, they are mobile around the home as much as possible as we have the right support for them to be able to do that.

Enjoyment from the in-house Engagement team and special relationships built with the 80 babies and young children from our in-house Nursery provides exceptional social interaction and joyful activity every day. All of the above means we are delivering a very different model of care with our residents and it works.

I believe that this model can be delivered at scale and wider than just within our two wonderful homes and I believe this will have the biggest impact on the NHS and social care both financially and critically on outcomes for people and support further addressing health inequalities. It just requires a robust plan and a commitment for the Care providers and the NHS to work together to bring the services closer to those that need them most.

We are blessed to have a GP practice that attends daily. We pay a retainer to achieve this to the tune of £250000 a year. This is not a private GP practice we are subsidising the NHS GP's as we know it is the right thing for Residents. If we didn't pay this we would achieve maybe 1 GP visit every two weeks. For a home our size with the level of vulnerability and frailty in our Residents this is just not

acceptable to us. The result of us paying this huge sum to the NHS is we are saving a significant amount of money to the NHS as our conveyance rate to Hospital is extremely low. Out of the 24 deaths in the home over the last 12 months only 5 of these were in hospital as we can provide the high-quality palliative and end of life care in their home. We have just recently been applauded by the London Ambulance Service for delivering the lowest non conveyance rate by at least 50% across local care homes, meaning we only need the support of acute care when it is really needed saving significant sums to the NHS.

With the impact of the NIC increase the cost of this for our organisation will be £500k per year. Imagine what more we could do to better support the NHS with that £500k. The impact of this cruel decision will mean social care providers will further cut costs and this means in real terms that care quality will lower and those needing care will need more acute care quicker and for longer. It makes no sense.

We believe our model is an exemplar of local resident led care that if expanded could improve the quality of life for the thousands of older people living in care homes, minimise avoidable hospital admissions and support the acute health care sector to deliver. We just need a seat at the table of the Integrated Care Boards (ICB's) as social care providers to explain to the 'experts' how this model of exceptional care can be delivered with a little additional effort, thought and a 'resident first' focus. They might even be surprised to learn how exceptional care can and will save the NHS significant resource. We would welcome a visit from our Local ICB's to demonstrate what we do and how we do it. To date, as always Social care improvement appears to be low on the list of priorities.

This is of course just a snapshot of how big picture thinking on the principles of ICS's providing point of care delivery of services to older people would have such an incredibly positive impact on the NHS it is so frustrating for it not to be progressed, discussed or implemented. We would love to advise on how to do this and are positive about the social care sector becoming the saviour of the NHS, we just need a voice.

Happy to discuss and elaborate further if needed. Thank you for listening

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