CARE AT HOME WELLNESS INDEX

CAHWI-12
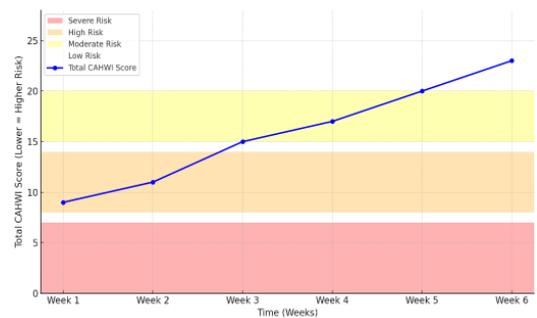
Care At Home Wellness Index (CAHWI-12)

Empowering Domiciliary Care Workers to Reduce Hospital Admissions

Executive Summary

The UK health and social care system faces a significant challenge in managing the health of high-cost, high-need individuals who receive domiciliary care. This cohort, often elderly and living with complex health conditions, is at an elevated risk of hospitalization. Despite the National Health Service (NHS) investing in frameworks like the National Early Warning Score 2 (NEWS2) to monitor patient deterioration, there is no equivalent system to monitor individuals living at home who interact daily with domiciliary care workers.

This white paper introduces the Care At Home Wellness Index (CAHWI-12), a standardized tool that could transform the health and social care ecosystem by leveraging domiciliary care workers as the NHS's "eyes and ears" on the ground. With a simple, evidence-based questionnaire and integration into existing digital systems, CAHWI-12 could enable early identification of health risks, prevent avoidable hospital admissions, and foster greater collaboration between health and social care systems.

APPENDIX:

CAHWI-12 QUESTIONNAIRE

A 12-question evidence-based questionnaire designed for domiciliary care workers to use atleast once per week to provide a comprehensive assessment of the elderly client's condition.

1. Mobility Assessment: How has the client's mobility been this week compared to the previous week?
a) No change, moving as usual
b) Slightly slower or more cautious
c) Significantly reduced, needs more assistance
d) Unable to move without assistance

2. Activities of Daily Living (ADLs): How is the client managing their basic daily activities (e.g., bathing, dressing)?
a) Fully independent, no issues
b) Requires occasional assistance
c) Needs frequent assistance with most tasks
d) Completely dependent on help

3. Cognitive Function: Has the client displayed any noticeable changes in memory or thinking (e.g., forgetfulness, confusion)?
a) No change, alert and oriented
b) Minor forgetfulness or confusion
c) Frequent lapses in memory or confusion
d) Severe confusion or disorientation

4. Dizziness or Lightheadedness: Has the client reported any dizziness or lightheadedness this week?
a) No dizziness or lightheadedness
b) Occasional episodes, manageable
c) Frequent dizziness that affects daily activities
d) Severe or persistent dizziness, requires assistance

5. Appetite and Nutrition: Has there been any change in the client's appetite or eating habits?
a) Eating well, no issues
b) Slight decrease in appetite
c) Significant reduction in food intake
d) Barely eating or refusing meals

6. Hydration Status: How is the client's fluid intake?
a) Drinking enough fluids daily
b) Slightly reduced intake
c) Often drinks less than needed
d) Barely drinking, signs of dehydration

7. Falls or Balance Issues: Has the client experienced any falls or noticeable unsteadiness this week?
a) No falls or balance issues
b) Slight unsteadiness but no falls
c) One fall or multiple near-falls
d) Multiple falls or requires assistance to prevent falls

8. Pain or Discomfort: Has the client reported or shown signs of pain or discomfort?
a) No pain or discomfort
b) Occasional mild pain, manageable
c) Frequent pain that affects activities
d) Constant or severe pain impacting daily life

9. Sleep Patterns: How has the client's sleep been this week?
a) Sleeping well, no issues
b) Occasional difficulty sleeping
c) Trouble sleeping most nights
d) Severe sleep disturbances, very little rest

10. Breathing and Respiratory Health: Has the client had any issues with breathing (e.g., shortness of breath, wheezing)?
a) No breathing issues
b) Occasional shortness of breath during exertion
c) Frequent shortness of breath, even at rest
d) Persistent difficulty breathing or severe wheezing

11. Mood and Emotional State: How has the client's mood been this week? confusion)?
a) Generally content and positive
b) Slightly down or anxious at times
c) Noticeably sad, anxious, or withdrawn
d) Extremely low mood, uninterested in activities

12. Social Interaction and Engagement: How engaged has the client been in conversations and activities?
a) Actively participating, as usual
b) Less engaged than usual
c) Reluctant to interact or participate
d) Withdrawn, minimal interaction

Additional Health Data Capture (optional)
- **SpO2 (Oxygen Saturation):** Record the client's SpO2 percentage (e.g., 98%).
- **Pulse Rate:** Record the client's heart rate (e.g., 75 bpm).
- **Blood Pressure (BP):** Record systolic and diastolic readings (e.g., 120/80 mmHg).

Introduction:
The Missed Opportunity in Health and Social Care

The NHS has long prioritized reducing hospitalizations and facilitating timely discharges, yet the disconnect between health and social care persists. Currently, the NHS monitors patient deterioration through GP visits, district nurses, or emergency care encounters—reactive mechanisms that often intervene too late. Meanwhile, domiciliary care workers, who interact with vulnerable individuals daily, represent an **untapped resource**.

With over half a million domiciliary care workers visiting patients in their homes, the UK has an opportunity to create a proactive, integrated system for monitoring health in the community. By standardizing data collection through a tool like CAHWI-12, the NHS and social care providers could collaboratively address deterioration before it escalates into hospitalization.

The UK domiciliary care market at a glance

- The UK has around 14,000 domiciliary care providers
- Nearly 1 million people receive domiciliary care across the UK.
- The UK's domiciliary care industry employs nearly 665,000 people in total.
- According to Homecare Association, Nearly two-thirds (64%) of home care providers have seen demand for hospital discharge services increase since 2022.

The Case for CAHWI-12:
Evidence-Based Monitoring at Home

CAHWI-12 is a 12-question standardized tool designed to monitor physical, mental, and social health indicators among individuals receiving domiciliary care. It incorporates Carer reported assessment of mobility, appetite, mood, and cognitive function alongside (optional) objective health metrics like blood pressure (BP), oxygen saturation (SpO2), and pulse. The tool draws from validated health and social care assessments, including the Comprehensive Geriatric Assessment (CGA), NEWS2, and frailty scales, ensuring its reliability and utility.

CAHWI-12 has the potential to add significant value within Reablement and Discharge to Assess (D2A) pathways, particularly in Pathway 1 (home-based recovery) and Pathway 2 (recovery in a short-term residential setting), by aligning with their goal-oriented approach to care. CAHWI-12 provides a structured method for regularly monitoring individuals' progress toward regaining independence, capturing both objective health metrics and carer-reported assessments of mobility, mood, and cognitive function. By identifying subtle signs of deterioration or progress, this tool enables timely interventions, ensures care plans remain dynamic and personalized, and facilitates smoother transitions between care settings, ultimately enhancing outcomes while reducing the risk of hospital readmissions.

Evidence Supporting CAHWI-12's Approach

The Value of Early Warning Systems: NEWS2 has been shown to reduce mortality and improve clinical outcomes by enabling early intervention. A similar system in the domiciliary care setting could achieve parallel benefits (Royal College of Physicians, 2017).

Integration with Digital Tools: Research indicates that digital health solutions improve care coordination and reduce costs. With 80% of home care agencies already digitized, CAHWI-12 data could be transmitted in real time and automate risk stratification (Castle et al., 2020).

Economic Impact: Proactive interventions targeting high-risk elderly individuals have been demonstrated to reduce hospitalization rates and associated costs (Burt et al., 2018).

Implementation:
A Collaborative Framework for Health and Social Care

To operationalize CAHWI-12, the following steps are recommended:

Mandate Standardized Use: Commissioners of domiciliary care and particularly reablement services should require weekly (or biweekly) completion of CAHWI-12 by care workers.

Training and Empowerment: Provide domiciliary care workers with training to use CAHWI-12 effectively, emphasizing their critical role in the broader health ecosystem.

Digital Integration: Use existing digital care platforms to upload CAHWI-12 data in real time, allowing for seamless sharing with GP surgeries and district nurses.

Risk Stratification: Collected data can be stratified to identify those most at risk, enabling prioritization of interventions.

Collaborative Oversight: Establish joint governance structures between the NHS and local social care providers to oversee implementation and ensure alignment with broader care goals.

Benefits of CAHWI-12:
For Individuals, the NHS, and Social Care Providers

For Individuals

- Proactive identification of health deterioration risks, reducing avoidable hospitalizations.

- Improved quality of life through early identification, intervention and personalized care.

For the NHS

- Reduction in emergency department visits and hospital admissions, easing pressure on overstretched resources.

- Cost savings through fewer acute care episodes and better chronic disease management.

For Social Care Providers

- Enhanced recognition of the domiciliary care workforce as integral to the health and care ecosystem.

- Streamlined and standardised communication with healthcare professionals, improving client outcomes.
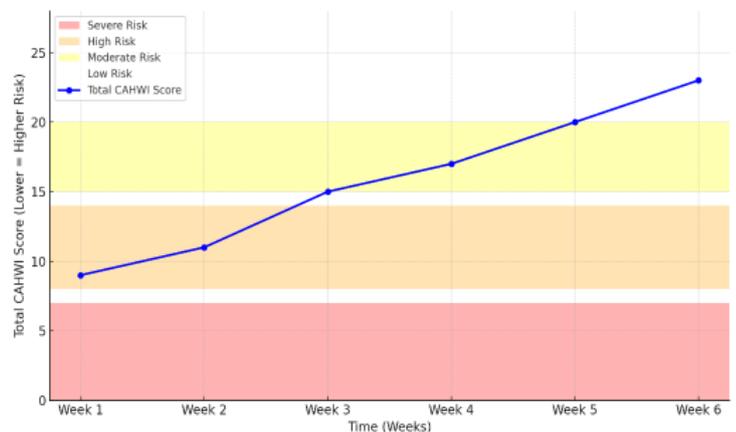
Financial and Operational Considerations

The cost implications of implementing CAHWI-12 are minimal:

- Existing Workforce: The tool is designed to be completed by domiciliary care workers already visiting patients, adding only 4 minutes per week

- Digital Infrastructure: With most home care agencies digitized, the tool integrates seamlessly into existing systems.

Potential Challenges and Mitigation Strategies

- **Workforce Resistance:** Address concerns about workload by emphasizing the tool's simplicity and providing training and support.

- **Data Privacy:** Ensure compliance with GDPR and other regulations by implementing robust security measures.

- **Inter-Agency Collaboration:** Foster partnerships between health and social care providers through shared governance and clear communication protocols.

CONCLUSION

Bridging the Gap in Community Care

The Care At Home Wellness Index (CAHWI-12) represents a transformative opportunity to bridge the gap between health and social care. By empowering domiciliary care workers to monitor health in real time, the NHS can move from a reactive to a proactive care model, reducing hospital admissions and improving outcomes for some of the UK's most vulnerable individuals.

This collaborative approach aligns with NHS goals of prevention and integration, leveraging existing resources for maximal impact. The time to act is now—leaders in health and social care must embrace CAHWI-12 as a cornerstone of a modern, interconnected care system.

References

- Royal College of Physicians, National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS, London: RCP, 2017.

- Castle, N.G., Ferguson, J.C., and Hughes, K., "Digital health solutions in long-term care: Evidence and impact," Journal of Long-Term Care Management, vol. 45, no. 2, pp. 103-115, 2020.

- Burt, J., Lloyd, C., Campbell, J., et al., "Developing proactive care for frail older people in primary care: Evidence from a controlled study," British Journal of General Practice, vol. 68, no. 670, pp. e62-e71, 2018.

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