

Collaborative Care for Older Citizens

in East Berkshire and South Buckinghamshire

28th May 2015

What is it about?

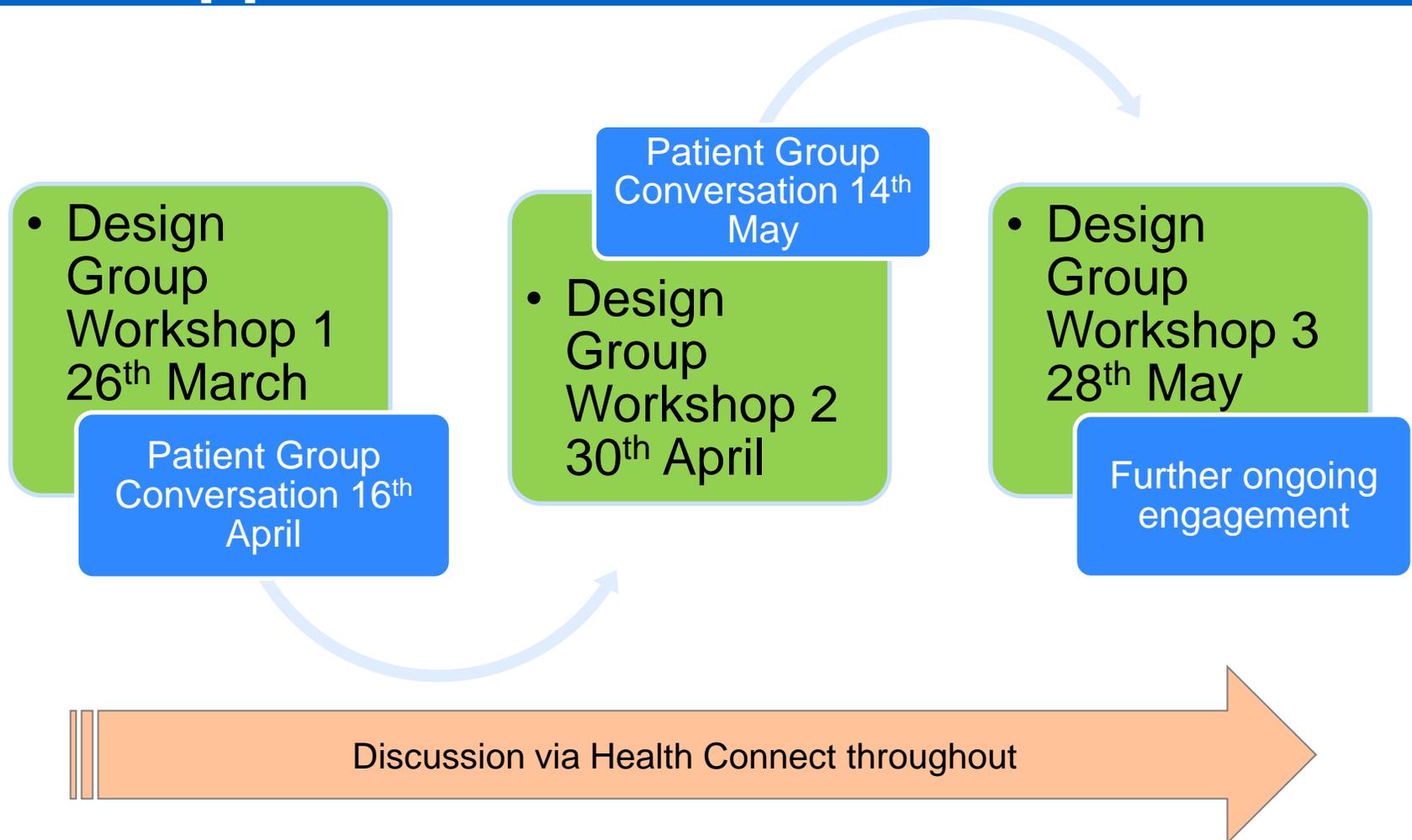
BETTER
health for the
over 65s
population

BETTER
care for
individuals

BETTER
value and
financial
sustainability

- Our aim: End to end review of the way we provide services to older citizens
- Our partners: 4 CCGs, Local Authorities, Frimley Health, Berkshire Health, Ambulance, Voluntary Sector

Our Approach



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The Big Conversation

Engaging patients and public so far

- Presentations at Older People Partnership Boards and Forums
 - WAM
 - Bracknell Forest
 - Slough
- Two on-line surveys – Health Connect
- Public workshops 16 April and 14 May
- Twitter #newvisionofcare
- Ideascale

First survey

- First survey launched following first Design Workshop
- Three questions:
 - To what extent you agree with the design principles
 - If you could change one thing to improve services, what would it be?
 - What are the best bits we should keep and learn from?
- Survey closed on 28 April

Summary of results for first survey

- Broad support for principles
- Ideas for changing things for the better
 - Better signposting and information
 - Better transport
 - Better integration of services
- Ideas for what are the best bits
 - Volunteers and staff providing services
 - Dealing with people as individuals

Public workshop 16 April

Questions:

1. What does “no decision about me without me” look like in practice?
2. What is not working in our current older people’s health and care services, and why?
3. How can the voluntary sector best contribute to the support and care of older citizens?
4. How can we achieve good end of life care for everyone?
5. How should we communicate with our patients for best results?
6. How can we make best use of technology to improve our care and support processes for older people, their carers and families?

Public workshop 16 April

Key messages:

- Patients and families need to know and understand the options available to them.
- Good communication is essential: speak and listen to the patient, explain who you are, explain the system.
- There needs to be effective signposting.

Feed into design Group discussion

At start of the second Design Workshop, the results of the first public survey and first public workshop were shared.

Second survey

- launched following second Design Workshop
- Five questions:
 - To what extent do you support the following approaches to integrating care?
 - How effective do you feel the following methods would be for advertising to older people?
 - Which of the following suggestions for using technology would be acceptable to you?
 - Should we add an assessment for frailty in the health check offered to those over 75?
 - To what extent do you agree with the following suggestions for stimulating discussion about end of life?
- Survey closed on 25 May

Summary of results for second survey

Question 1: Ideas for integrating care	Really good idea / good idea
Single point of contact	96%
Smaller group of people providing care	87%
Single assessment for health and social care	88%
Shared computer systems/information	90%
More involvement of voluntary sector	77%

Summary of results for second survey

Question 2: Best ways to reach older citizens - Top five suggestions

Leaflet delivered to home

TV screens in GP surgeries

Leaflets in GP surgeries and pharmacists

Village/parish newsletters

Websites

Summary of results for second survey

Question 3: Ideas for using technology more	Would use
Making appointments using the internet	77%
Self testing kits at home	84%
Using your television to see and talk to person providing care	54%
Using skype or other internet based communications for face-to-face communication	55%

Question 4: Should we introduce an assessment for frailty?	
Yes	94%
No	5%
Don't know	1%

Summary of results for second survey

Question 5: Talking more about end of life	Strongly Agree / Agree
Information available when making will	87%
Death Café	45%
Discuss with GP and recorded on patient record	84%
Information provided to new parents and grandparents	50%
Part of discussion when diagnosing long term condition	84%
Introduce discussion at school	47%
Introduce discussion as part of retirement planning	83%

Public workshop 14 May

Single assessment	<ul style="list-style-type: none">• One assessment for health and social care needs• Must be simple
Single point of access and signposting	<ul style="list-style-type: none">• Integrated health and social care point of access• Must be 24/7 manned• Integrated record availability helps• Signposting to wider services• Dementia friendly town
Care and support planning	<ul style="list-style-type: none">• Patient ownership of own health record• Share health and social care info between professionals• Technology to facilitate sharing of records• Read notes before seeing patients• Plea for consistent personal carers
Effective Multi-Disciplinary Teams	<ul style="list-style-type: none">• Concern about professionals becoming generic as specialism could be lost.• A pharmacist is most effective when he knows his patients and their carers.• This is a good idea with teams of hospital and community staff working together across health and social care.

Public workshop 14 May

Care coordination

- A key improvement that needs to be made.
- Named key workers keeping patient and family updated
- Arrange and monitor service delivery
- Needs back up / cover
- Hand held records for patients

New out of hospital services – Locality hubs and virtual teams

- Specialist services for older people in GP practices
- Need generalists – geriatricians and nurses
- Facilities for step up/down beds
- Where to base MDTs?
- Coordination of discharge needs to be seamless and use of the voluntary and social services.

Using assistive technology

- Recognition of potential and growing range of opportunities
- However, needs money to pay for wifi connections, training, support and help in appropriate languages
- Recognition of possible local training available including: U3A, schools IT teachers, prior government programmes

Other

- Prevention and health education
- Need to be careful not to exclude people that don't have easy access to internet – how can they be supported?

Feed into design Group discussion

At start of the third Design Workshop (today), the results of the second public survey and second public workshop were shared.

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The Design so Far

Draft component parts of the model

- 1. Needs anticipation and identification**
- 2. Single Point of Access and signposting to care and support.**
- 3. A single Care and Support Planning process.**
- 4. Multi-disciplinary teams (MDTs).**
- 5. Care coordination as a specific role in the MDT.**
- 6. Enhanced (Integrated) services for Localities.**
- 7. Specialist and Hospital processes (Acute).**
- 8. Specialist and Hospital processes (Mental Health).**
- 9. Primary Prevention.**

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Interoperability – Shared Records
a key enabler for the new model of care

Our Partners

This is a Berkshire East project but similar is underway in Buckinghamshire



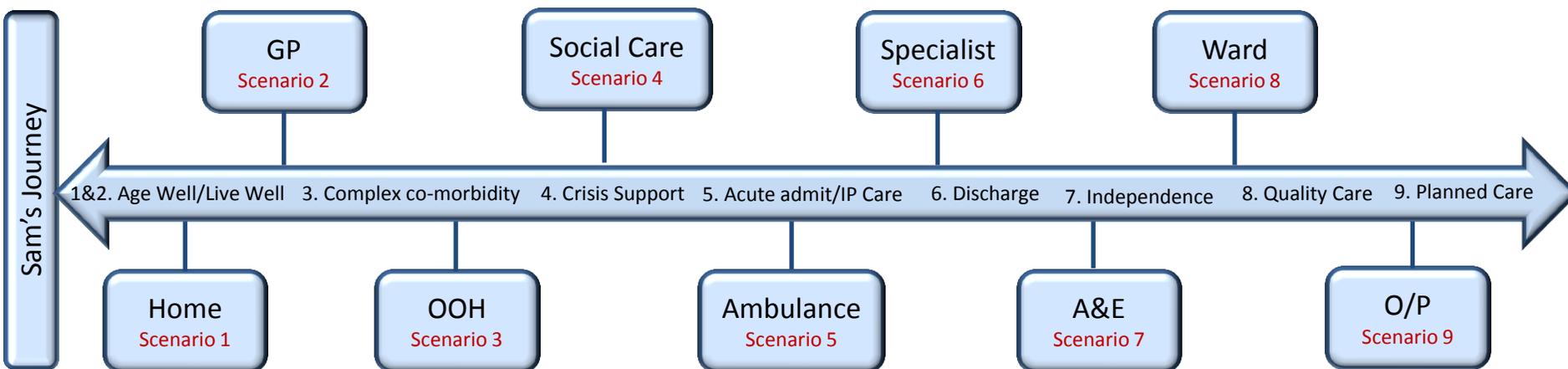
Share Your Care

- Project commenced September 2014
- Phase 1
 - Complete – Primary Care data now shared with Out of Hours, Urgent Care Centres and Slough WiC
- Phase 2
 - Summer 2015 - Pilot sharing primary care, community care and social care data with Integrated Care Teams, EOL and ambulance services.
- Phase 3
 - Procurement to launch September 2015 for full system portal

Sharing information in this way brings challenges with Information Governance which must be resolved

Sam's story – our approach

- We created a complex patient journey
- We have spoken to front line staff at key points on that journey to establish
 - Current issues
 - How interoperability could deal with those issues



Next steps

- **Design group wanting more time to work with the principles**
- **More opportunity to discuss, question, test**
- **Engagement with public, patients, staff working in all parts of the system (health and social care)**