COMMUNITY PARTNERSHIP FORUM

Q&A regarding the Sustainability and Transformation Plan

24th November 2016

It has been in the news recently that leading care homes are pulling out of council founded care homes saying they can't provide the care on the amount of money they are getting. How can we provide this individual treatment when funds are slashed?

The STP is all about doing things differently. In Bracknell for example, on the site of an old care home, an integrated facility has been developed to look after people with dementia and basic health needs. There are carers on site but also going out into the community. Bracknell Forest Council made this happen with the support from the CCG and Frimley Health NHS Foundation Trust. We asked people what they wanted and we listened – they didn't want an old style institution. This is what this STP will deliver. Working together across the STP, we can make economies of scale – it is not just about the money or cost of services, but rather more joined up working.

Across the STP, care at home when possible is the preferred routine, and as an STP, we will all work together to deliver it. Currently, across the east of Berkshire, via the Early Supported Discharge (ESD) team if a patient has a stroke and is under 75 we will get them back home after day four and will give them up to three nurse/physio visits a day for up to six weeks. The response from families has been fantastic, as being supported at home gives a better quality of rehabilitation and has made a big difference to the way we treat stroke patients. This is also helping to save the public pound as it costs more to keep a patient in a ward for three weeks.

Not enough people know about the additional evening and weekend appointments that have been available via the Prime Minister's Challenge Fund in Windsor, Ascot and Maidenhead. After all this hard work the word is not getting through to the community.

Part of the development process in the early stages was getting the additional appointments set up and running as a pilot. We have only just received notification that funding has been agreed so we can now move to business as usual. This is a good example of how you can start something off in a small way and build up to meet the needs of the local population. Evening and weekend appointments are delivered out of two locations: St Marks Hospital site in Maidenhead and King Edward VII Hospital site in Windsor.

St. Marks is getting better known and we have been building on that work. Theresa May visited in February which was good publicity. Hubs are an extension of the GP surgery with a GP, nurses and health care assistant delivering a range of services your GP can and is open from 6.30 – 9.30 p.m. weekdays and Saturday and Sunday. Sunday uptake has been slow

but is starting to get better. Feedback from patients has been excellent saying they can get an appointment at a time to suit them. We have a programme board working to oversee how money is being spent as we have to meet some criteria. Over the last couple of months we have been trying to think about how we get the quality right then think about expanding services using the principles of New Vision of Care. So, for example, at St Marks there are Community Healthcare Clinics, there are diagnostics, in-patient wards so in the future rather than being disconnected it will enable joined up care. Now we have the funding for the future, we can look towards STP and New Vision of Care models and see how integrated hubs can deliver services.

In terms of promotion of the services, now it is no longer a pilot and we have secured funding, we can look at ensuring the population that need it, can access the evening and weekend appointments.

On the subject of early diagnosis and bringing forward treatment, we should look at the role the pharmacist can play. At any time you can walk into a pharmacy and see an experienced pharmacist.

Going forward, we are thinking about pharmacies in a different way in our plans. Our GP surgery in Datchet for example already works closely with the local pharmacist for routine elements like taking blood pressure. Pharmacists have to work in hospitals to complete their qualification, so are an excellent resource. In our area, we do have pharmacists and there have been schemes where pharmacists are working in GP practices. We are thinking about how we expand that and looking at a range of services they can offer across the STP patch.

Another element of this is how the information flows around the system. The GPs who see patients at the evening or weekend appointments in the hubs, with permission, can see the summary of the patient record. This includes all medications, allergies etc. If this system can be connected to pharmacies this would mean even better quality of care. We are investigating all these options under the Share your Care programme of work .

I think the STP plans are excellent but how will you know that the plan is working and being a success?

We are going to measure at different parts along the pathway and are working on how we get those measures working right including the prevention and social side. Each workstream will have its own action plan with key metrics.

A number of other plans will come under media scrutiny and I fear our plans will be swept up with that.

The STP plans have been put together using all the insights from other engagement exercises. This includes the New Vision of Care, engagement around Primary Care etc. Going forward we want engagement to be at the centre of action plans that are drawn-up etc, and it would be useful to come back to this group again with a specific workstream focus.

A lot of this strong support in the community needs carers who work in difficult conditions and often have little flexibility in the hours they can work. How are we going to be able to source good quality carers and provide consistency in the service?

It is about us working together across health and social care and also across boundaries. Previously for example, local authorities may have worked separately with providers to get what they need, but we want to do things in a different way and we need to work out the best possible solution. On the question of price, looking across the South East region organisations pay a different price. We have real opportunities here to harmonise this and try and recruit a good care market.

Local Community Asset Mapping allows us to find the informal care networks and support them. We know about the main ones but the informal ones often slip through the net. Traditionally we have bought hours, but now we could be looking to buy what the person is looking for.

There are pockets of amazing work going on across the STP patch, and it is about taking on board the lessons and how across the board solutions could be found. In Windsor, Ascot and Maidenhead CCG area, the Care Homes Steering Group is looking at care homes, and how we can reduce non-elective admissions. The Group has learned a huge amount in the last three years. Not only about money but how we get carers. There is no clear incentive to go into the caring community and little training. We have been looking at training at Windsor College with certificates being awarded and career progression. It is a multi-disciplinary group working with the Royal Borough and looking to improve provision of care in Slough and Bracknell. It is a huge issue and we have been working to improve things. We need to think about carers going out into the community and supporting them.

I like the idea of hubs such as in Maidenhead hospital. King Edward VII Hospital site is a larger premise which I believe is under-utilised. There is a greater demand for people to go there.

None of this is set in stone in terms of where our evening and weekend appointments will be

provided from. It is interesting to understand what people mean by “local”; some may even think of local as being their own GP surgeries. This is the time for us to think about the design and specification to make the best use of our resources. It is about us to design it together. Whatever is appropriate for one area may not be for another e.g. a large town vs dispersed community. Working across the STP and locally will help us understand this in more detail.

Re implementation of IT this should not be a tick box exercise where we lose the human aspect. People are too complex for that.

We will look at our intelligence in a different way to identify and move away from being reactive. We are way behind digitally in healthcare. We need to go paper free by 2023. We have recently done a piece of work where we will be able to see those at the beginning of frailty to the end with the aim to find out how we can catch people at the beginning and provide support early on. We have procured a system to start wrapping care around the patient, so that key parts of the NHS and social care can share patient information. The NHS Digital Roadmap and the STP gives us the blueprint. These are things we want to transform ie stopping smoking in teenagers, so we have looked at apps.

The human element is important but there are ways we can digitalise and benefit from this, and these are areas we want to focus on.

With the New Vision of Care, how are patients being encouraged to enter the system at the right place so they get the right care?

The New Vision of Care works across Health and Social Care and therefore it is all about early identification of someone who is frail and ensuring they receive all the care and support needed to keep them well and safe in their own home. The New Vision of Care is about how the person will be supported; this could include a patient navigator or expert patient type role depending on what support is needed at the time.

There are a lot of lone workers in health and social care. How are we going to address quality and delivery?

Patient Safety is very important to us. In regards to lone workers, we already have a large number as we have systems that allow that. We encourage staff to report their mistakes because we are a learning environment, and so to learn from our mistakes is encouraged. We have learned a lot from supporting people. We need to think about how we can support families and carers. We work with the CQC hand in hand with providers so that when our providers are struggling we encourage them to tell us when things are not going right.

It also requires a different approach from health providers re personalisation of care. Pippa Kelly spoke at the WAM AGM about the different experiences of her father and father-in-law at the end of their life. It can put professionals in a difficult position and there is a debate happening. The concept of care being delivered in different situations needs to be thought about. We have to take the concept of joint decision making shared by you as an individual and us the professional. A decision which makes sense for the patient and the professional.

A plea to everyone <u>your opinion</u> matters. Please talk to your friends and family and get their voices heard too. We want to do engagement and involvement at another level. There are opportunities to get people involved in their local part of the plan over the next couple of months for the next phase of the delivery. We will come back to the Community Partnership Forum with more information going forward.