



Health & Social Care Moray

Shaping future care in the Forres locality

18 April 2018, Forres Town Hall

Event report

1. Background

An ambitious transformational change programme was launched by Health & Social Care Moray at the end of 2017 to develop a joined-up model of safe, effective and sustainable care and support for older people living in the Forres locality.

The programme brings together staff, GPs, the third and independent sectors, voluntary groups and the local community to identify improved ways of integrated working to improve quality and efficiency.

The reshaping care programme has a focus on an operational model of care and support to meet the needs of frail older people who are dependent on others for support or are at high risk of a crisis which would lead to hospital admission.

One of the key drivers for the new model is the challenge around the continued use of Leancoil Hospital.

A core project group has been established to lead on the development of an outline business case for a proposed new model which will draw on the involvement of a wide range of stakeholders.

Building on previous community engagement events held in Forres in 2017, a series of co-production workshops has been arranged. The first planned event in February had to be cancelled due to poor weather.

The business case will be presented to the decision-making Moray Integration Joint Board in November 2018 and would be subject to formal consultation.

2. Introduction

Around 35 people took part in the 18 April workshop held in Forres Town Hall.

The aim of the event was to:

- Achieve a shared understanding of the project to design a new joined-up model of care and support;
- Identify current assets in the locality;
- Consider key design principles and criteria for the future model.

Participants were welcomed by Pam Gowans, Chief Officer of Health & Social Care Moray.

The challenges which need to be addressed are well rehearsed. These include: increasing demand for services; the drive to improve health and wellbeing outcomes and meet changing expectations; pressurised budgets so we need to do more with less; recruitment; and the legacy of buildings which are no longer fit for purpose.

Mrs Gowans outlined the opportunities integration brings for health and social care to do things differently and be challenged to work together and with the community to do the best for the people of Forres through the seamless provision of multi-disciplinary care and support.

There has been much debate about Leancoil - the functions that go on in the hospital and the building itself which is dear to a lot of people. The building is no longer fit for purpose. The way modern health care is delivered needs to be in a fit for purpose environment which facilitates the best service for people and makes efficient use of the public purse.

The challenge for the transformation programme is to consider what model is going to be fit for Forres and the surrounding communities for the future? What do we want to do, what can we afford to do, what is unpalatable and how do we maximise the resources in the community?

Three workshop exercises were then completed.



Health & Social Care Moray

Exercise 1: Mapping our assets – what is there in the Forres locality to support older people at risk of losing their independence?



- Family, friends, neighbours; volunteers
- FACT directory updated 2017. OAP club; Living Golf; Be Active Life Long (BALL group); Transition Town Forres activities; luncheon club; British Legion; walking group; tea parties; Dove Centre; church groups; Men's Shed; Wellbeing project at Transition Town Forres (lots of classes and activities, Let's East cooking classes); Saturday coffee mornings; tombola sessions; walking clubs – Forres Footpaths Trust, Moray Way Association, Dava Way Association; local sports clubs; Knit and Natter
- Health management/condition specific support groups; long term condition support groups; dementia group/cafe; stroke group; FACT; RVS
- Internet and Ipad (digital support from FACT, Forres on Line); repair cafe
- Hydrotherapy pool; swimming pool; gym; library
- Community transport run by volunteers - Osprey bus. Moray dial-a-bus. Some transport to Inverness services; commercial bus services

- Citizens Advice Bureau
- Telephone (national) support; befrienders
- Chiropody, osteo, holistic medicine
- Fire safety
- Home care; Social work; social care; support; day care
- Moray Lifeline community alarm system; telecare
- Shared Lives
- Sheltered housing; Hanover housing
- Care Homes
- Leancoil Hospital

- GP, health centre, link workers, dentists, opticians, pharmacy, district nurses, physio, occupational therapy, speech and language therapy
- Forres Neighbourhood Community Team
- Pitgaveny nursing team
- Mental health team (old age psychiatry)
- Dr Gray's out patients appointments
- Geriatric medicine
- A&E at Dr Gray's Hospital
- Acute services in Inverness



Exercise 2: Meet Betty – design principles

Betty is 86. She has arthritis, diabetes and high blood pressure.

She feels her health has suddenly deteriorated for no reason. She has experienced bouts of nausea and dizziness and has fallen twice in the last two weeks, suffering bruising to her face and side and leaving her shaken. Betty is worried about leaving the house to go to the shops.

Betty is a carer for her husband, Bill, who is 89 and has dementia and needs her help with personal care. He frequently gets up through the night. She has called the health centre to get an appointment with her GP.

What matters to Betty in her current situation?

Betty feels unsafe and her confidence is reducing. She is becoming isolated as her fear of falling means she is going out less so her independence and quality of life are being affected. Is she still able to get her shopping, collect her pension etc?

As carer for her husband she is worried about being able to continue to meet Bill's needs and what might happen to him if she was unable to support him at home.

She is fearful that her health will continue to deteriorate. Betty wants to see her GP to find out what's wrong, including having her medication reviewed, in the hope of returning to her previous level of health. She is unsure about other sources of possible help and support for her and her husband now and in the future and doesn't know who to talk to so is looking to her GP to guide her.

What matters to Betty about the future?

Continuing to live as well as she can and maintain her independence with the planned, co-ordinated, consistent care support she and Bill need to meet their needs so they can stay at home or in a suitable homely environment together, where they have friends, family and neighbours around them. That their choices and wishes are respected and that they have a dignified death.

Exercise 3: Prioritising suggested criteria - what is most important when considering options for a future model?

Each table was asked to consider and rank seven possible criteria for a future model. Some choose not to use all the criteria, some were added to and some alternatives were proposed.

1	Person-centred, happiness	Person-centred	Person-centred – patients, carers and communities involved in decisions and delivery	Person-centred (anticipatory care planning)
2	Improved health and wellbeing outcomes	Quality and safety	An experience that meets needs/expectations	Education, cultural shift on all levels, starting in secondary school
				Integrated – social and health but at society/community level
3	Improved experience	Integrated	Help when you need it, where you need it and accessible	Quality and safety
4	Integrated	Improved experience	Integrated and co-ordinated	Improved experience
5	Financial sustainability and affordability	Improved health and wellbeing outcomes	Quality and safety of care and services	Improved health and wellbeing outcomes
6	Operational viability	Financial sustainability and affordability	Operational viability and flexibility	Operational viability
7			Financial sustainability and affordability	

Other points made:

- Quality and safety is a given.
- Financial sustainability and affordability is first and last.

EVENT FEEDBACK

The aim of the event was to: achieve a shared understanding of the project to design a new joined-up model of care and support; identify current assets in the locality; consider key design principles and criteria for the future model.

1. Did the event achieve its aim?	Yes	12	Partly	7	No	0	Unsure	2
Comments:								
<ul style="list-style-type: none"> • Absolutely x2 • It brought up new ideas • Certainly prompted thoughts. Ideas presented on paper. Hope all ideas are considered • A good start • Good discussions 	<ul style="list-style-type: none"> • I understand the project if not the ultimate outcomes. Quite jargon heavy in exercise 3 • To some extent (those were very aspirational aims!) • Not really – but did go some way to start the thinking • Not sure understanding was increased about joined-up model of care – roles of DNS/FNCT/nursing homes/Varis Court ACU etc. Assets in locality were identified. Criteria for future model identified • Although it was a good opportunity to discuss ideas with the others on the table it would have been good to have the shared ideas with the other groups/other folk attending. • Discussion generated but sure there is more out there that has perhaps been missed. 							

2. Were you able to put forward your comments and suggestions?	Yes	18	Partly	0	No	0	Unsure	0
Comments:								
<ul style="list-style-type: none"> • Yes a great conversation. • Very effective discussion. 	<ul style="list-style-type: none"> • It was difficult as the professional at the table kept taking over. 							

3. What questions still need to be answered?

- How services will possibly be provided
- How will the realistic model look?
- Joined up model of care – what will this look like?
- Review of model before implementation
- What the professionals see as the model of care
- What is actually required? How do you provide it?
- What will be the future form of care – Varis Court, NH beds, enhanced community support, non-medical services? What resources will be allocated? To be fair this cannot yet be answered.
- How finances will match expectations
- Need to be more specific
- Ongoing resources – without community hospital.
- About Leancoil
- Timelines x2
- The last exercise
- Will all unusual care be shipped out to Aberdeen?
- Many I guess just can't think of any right now (work in progress!)
- Don't know.
- Not at this time.
- Just make it good. Consider all views please.
- A lot of detail and even broad principles yet to be worked up... but great work so far!

4. Is there anything else you want to tell us about shaping future care in the Forres locality?

- We need to think much broader to create a cultural shift that allows personal responsibility and effective use of limited resources.
- I'd be interested in exploring further what the community can do to help and what H&SC Moray can do to enable that.
- Need to get community involved and take some responsibility for their own care.
- Ongoing discussion to shape the needs of patients in this locality without community hospital availability
- Good turnout but need further public engagement on larger scale
- Would need to cater for the needs of people in Forres so that they do not need to go to Buckie, Dufftown for respite

4. Is there anything else you want to tell us about shaping future care in the Forres locality?

- care/relive Dr Gray's bed blocking
- Forres needs more residential social care for the elderly. Disabled elderly are being cared for by neighbours, the community tells me. I don't think this is good enough.
- More emphasis on happiness
- Consider outcomes as per question 3.

5. What would have improved this event?

- Better community participation
 - More of public views. Need larger attendance but how?
 - Wider group discussion
 - Increased attendance but outwith control
 - Take the 'experts' away from the tables
 - Involvement with the staff and the younger population
 - We need to involve 18+years to support and shape their future – new ideas, innovation and generate an understanding of future health and social care challenges and solutions.
- Scenarios which applied to possible/proposed models of care.
 - More centered on care in Forres.
- Difficult to hear all speakers.
 - Better acoustics! Not always easy to hear.
 - Acoustics are difficult – microphone would be helpful.
 - Better acoustics.
- Nothing.
 - Very engaging open discussion.

6. How can we improve our future engagement with the community?
<ul style="list-style-type: none">• More publicising events to gain more public participation• Even more advertising. Just how do you involve local people and get them interested? I know not. They have the opportunity.• Gazette/local news sites• Use of social media• Increase advertising• Publicity• Meetings like this. Social media/advertisement.
<ul style="list-style-type: none">• Keep up the good work but also engage with people where they are e.g. BALL group, wellbeing project classes etc.• Go out into the community and ask the public.• It would be interesting and informative to host an event for S6 within the academy – captive audience and secure attendance at future events.
<ul style="list-style-type: none">• Do not clash with other events.
<ul style="list-style-type: none">• Explore local pilot projects that already deliver some aspects of care.• Workshop discussion.
<ul style="list-style-type: none">• The process to date has been very informative and this particular session ensured engagement and a proactive approach to the provision of services for the future.

7. How likely are you to come to the next workshop?
<ul style="list-style-type: none">• Very/most likely x9• Yes x10• Quite possibly• Sorry not that day, would come but on holiday