

## Reshaping Care for Older people Workshop 21<sup>st</sup> September 2017 AGBC, Moray College Evaluation/Feedback

A range of stakeholders (around 50) attended the first in a series for Strategic Planning workshops planned over the next 12 months in Moray in preparation of the next Moray Strategic Plan. The aims of the workshop were to:

- Reflect on the outcomes of the JCS for older people
- Take stock of our improvements so far
- Hear about existing models of care which are emerging in Moray.
- Identify some locality actions

Locality Leads ensured the invitation was extended to representatives in the four agreed locality areas of Elgin/Lossiemouth, Forres, Keith and Speyside and Buckie/Cullen. This is in line with guidance around Locality areas having at least a population of 20 thousand.

It was an informative afternoon where attendees were updated around the considerable progress in a variety of areas with regards to older people. There was opportunity for networking and the format of the event enabled locality conversations/ discussions to take place stimulated by the emerging models across Moray. Each locality developed an action plan. The common theme emerging across the action plans was a need to map assets in each locality.

The programme took the form of ten minute slots throughout the afternoon introducing some of our different models of care being tested in Moray i.e. Acute Care of the Elderly Unit, Jubilee Cottages, Hanover housing developments including augmented care beds. This followed by 25 minutes discussions around the following brief: What struck you about what you have heard? how does it relate to your locality from a people, workforce, service perspective?, what needs to change?, what are your locality ambitions ? The following feedback was gathered on flipcharts and post its after each ten minute presentation:

### ACE/Geriatrician

<b>Keith and Speyside</b>	<b>discussion/conversation</b>
Is social isolation a problem in Speyside?	How do we promote and sustain things which maintain that social connection e.g. Speyside car share scheme
Availability of care is really limited within Tomintoul	Does it engender better community resilience?
Opportunities for linking in local plans for adult and children service e.g. young people in Speyside are high achievers but	Or do people have to move into communities where care is available

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prefer to stay within their locality. How do we promote careers in local health and social care services with this group	Proactive ageing – would this help to overcome some physical problems and sustain people’s independence for longer?  Shared lives is a good example of moving away from a medical model
<b>Buckie/ Cullen</b>	<b>Discussion/conversation</b>
Need to look at how we use ACE unit to promote better care and support pathways	
Lack of care packages in Buckie is a real blocker	What can we do to improve training to get more people into car profession
Huge barrier is about the lack of discharge from hospital due to lack of care	Need to be more imaginative in delivering care
<b>Forres</b>	<b>Discussion/conversation</b>
A great idea –integral to success in supporting team and handover/care in community	Not increase in beds but different use of existing ones Challenges – lack of mutual respect, ?shared training Trainees involvement in ACE, change of culture ambulatory care model Aberdeen  “There forever v rehab/enablement”
(HC Leancoil)  New Pre-emptive care prior to need for admission  - / -ce equivalent? - question need?	<ul style="list-style-type: none"> <li>• Existing MDT - daily meeting(open)</li> <li>• FNCT/new system</li> <li>• care/treatment</li> <li>• 10 y nurses</li> <li>• based from Hanover</li> <li>• assess/provide care/treatments</li> <li>• work – streamline</li> </ul>
<b>Elgin/Lossiemouth</b>	<b>Discussion/conversation</b>
<ul style="list-style-type: none"> <li>• Tayside model and pulling that into moray</li> <li>• Public – if i have to go in some nursing home i’ll feel safe</li> <li>• Acps – developing these 1+++ years</li> <li>• Public – wanting to stay at home and not go into hospital</li> <li>• Improve communication</li> <li>• Provide advisory role in care homes. maybe needs to be more equipment provision</li> </ul>	

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- Step up/step down beds – use of
- “miles” for transport
- Use care homes as an option to support people getting stuck
- Acute care at home
- Closure of Easton house
- Without community hospital – provide challenges
- Confidence and trust in services
- Hospital at home
- Can we afford it/will it cost more?
- Input from m/h initiatives also and how that ties in to the tayside model
- Scoping exercise elgin/lossie area going to community hospitals
- Ace unit – save money in long term
- Virtual links/technology to support where resources more limited
- Need for community hospitals

### Jubilee Cottages

<b>Keith and Speyside</b>	<b>Discussion/conversation</b>
Low usage why?	? Due to risk averse
What is current criteria	? New criteria
Assessment !	When does this happen ?
What needs to change to make it work ?	
Where do the cottages fit in the grand scheme of things	
<b>Buckie/Cullen</b>	<b>Discussion/conversation</b>
Need to be a complete scope of everything in the Buckie and create a business case	Are we using the resource in buckie community the right way
What does the environment have that could not be provided at home?	
Need to have put in preventative means to promote POA at the right stage	Early days in respect of the structure and service delivered at VC
<b>Forres</b>	<b>Discussion/conversation</b>

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Jubilee average stay?	AHP led, slow stream for discharge
How to ensure safe discharge	Nursing team, social care led, Hanover? Ensure test of change over time
<b>Elgin/Lossiemouth</b>	<b>Discussion/conversation</b>
<ul style="list-style-type: none"> <li>• scoping exercise around demographics</li> <li>• elderly – stoic and independent. challenges around this</li> <li>• assets – available in elgin/lossiemouth that can be utilised</li> <li>• evaluation on cost per day at cottages</li> <li>• local clinics free up time/resources</li> <li>• recognise what we do well</li> <li>• useful template around adult mental health</li> <li>• consistence if split services, eg wheelchair service</li> <li>• wheelchair services; eye surgery; oncology services; pain clinic – impact on ambulance service</li> <li>• lossiemouth – what do they want/need?</li> <li>• what are folk travelling for outwith moray?</li> <li>• reviewing of equipment, safety, etc was discussed</li> <li>• going round in circles</li> <li>• communication</li> </ul>	

### Hanover Developments

<b>Buckie/Cullen</b>	<b>Discussion/conversation</b>
Need to look at the assets we have and how we use them	Change is required in the way we provide and deliver care in the community
Blockage regarding Guardianship and POA within community hospital	There is capacity to look at what we do with seafield – JC can see it being an environment for people whilst waiting for adaptations to their own property
Need to celebrate the successes we have	
Not suitable for frail or elderly as cannot provide the equipment that is required	
<b>Forres</b>	<b>Discussion/conversation</b>
Jubilee V Hanover	<ul style="list-style-type: none"> <li>• similar idea</li> </ul>

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	<ul style="list-style-type: none"> <li>• different admission criteria (step-up -v- ↑ and ↓)</li> <li>• both aim to be refined/reassessed over time</li> </ul>
Division (Care)	<ul style="list-style-type: none"> <li>• how to ensure assessment/handover is successful</li> <li>• Reg -v- Nurse = challenging; M = flow and function</li> </ul>
Varis Model of Care	<ul style="list-style-type: none"> <li>• carers (stalling!)</li> <li>• AHPs</li> <li>• community involvement</li> </ul>
care	<ul style="list-style-type: none"> <li>• awareness of is it available</li> <li>• often sought in crisis</li> <li>• location? awareness?</li> <li>• How to communicate aims?</li> </ul>
Varis Court <ul style="list-style-type: none"> <li>• shock of the new inter-team dynamic</li> <li>• interaction /CSs/DNs/FNCT</li> <li>• role -v- Leancoil</li> <li>• augment/replace/conclusion</li> </ul>	Trying to tailor care and “empower” families Flexibility to extend in future?
<b>Elgin/ Lossiemouth</b>	<b>Discussion/conversation</b>
<ul style="list-style-type: none"> <li>• Model works – self-management principles are very appealing</li> <li>• Develop further ahp input and what can complicate this</li> <li>• Ability to look at workforce skill mix/competencies</li> <li>• Attracting professionals to the area for future?</li> <li>• Interest en in further exploring model</li> <li>• Need flexibility to be more patient-centred</li> </ul>	

### Scottish Care

<b>Keith and Speyside</b>	<b>Discussion/conversation</b>
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Hearsay dictates that there is variable standard	Education to support this is provided by macmillan team Clarification from Macmillan team that end of life care is provided successfully in care homes
We should pay what we need to pay	
Where are the Care homes	Map locations of care homes
<b>Buckie/Cullen</b>	<b>Discussion/conversation</b>
Sad that the length of stay in care homes is reducing	May be what is required
Real miss with the removal of step up beds	
<b>Forres</b>	<b>Discussion/conversation</b>
Care Homes	<ul style="list-style-type: none"> <li>• community friendly</li> <li>• locally run?</li> <li>• care costs</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• the dumping ground?</li> <li>• “second class” team perception</li> <li>• category of care/RH/ERH/NH</li> <li>• ensuring “right” time</li> <li>• going in (change of environment)</li> </ul>
Home services	<ul style="list-style-type: none"> <li>• respite? mot whilst in</li> <li>• step up/down?</li> <li>• ?integrate with health services</li> <li>• IT services</li> </ul>
Challenges	
<b>Elgin Lossiemouth</b>	<b>Discussion/conversation</b>
<ul style="list-style-type: none"> <li>• Conversations happening at national level around funding</li> <li>• Services built up in community and care homes did own thing</li> <li>• Last year – big change in interactions. more positive</li> <li>• More diverse range of care homes/complexities</li> <li>• Business is very local and using jenny provides a diversity/challenge</li> <li>• Community to provide what’s needed in their community</li> <li>• Can get tied up with care inspector/regs, etc</li> <li>• Community nursing do support care homes around residential as still double running/resources</li> <li>• Ability to provide geriatrician input into care homes</li> </ul>	

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- Break into journey when go into care home

### Event Evaluation

All attendees were asked to complete evaluation forms after the event, nine attendees returned feedback forms. Future workshops will include evaluation forms at the event to encourage a better response. Feedback was generally positive. The **Venue/Facilities** were described as excellent, very good, multiple screens useful, venue ideal, easy to reach and accessible. The attendees agreed that the **presentations** were either **very useful** or **somewhat useful** in improving their knowledge and understanding of our direction of travel in relation to older people in Moray and enabled us to achieve the aims of the workshop.

### Other feedback

- Networking opportunity was very useful
- Format was excellent, informative and most interesting
- There has been considerable progress in a variety of areas which is credit to numerous individuals and teams across Health and Social Care.
- not all developments appear to have been fully explored before committing large financial investments resulting in considerable creativity and ongoing effort to ensure facilities and services are used and value for money although recognised as early in these developments
- True evaluation is challenging when there is no benchmarking completed
- There was a keenness in the group to gain momentum in a scoping of local services through locality managers and in particular including care homes and established sheltered complexes
- There was clarity that although Varis Court and Jubilee Cottages may have potential developing value in their particular areas our locality group did not feel they would be value for money to replicate.
- Worthwhile discussions overall with quite a lot of food for thought
- The appointment of the Geriatrician has been incredibly beneficial
- Third sector representatives felt they were not supported sufficiently at the workshop to be included as equal partners in meaningful participation due to poor facilitation, language barriers and some health and social care representatives.

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**Locality Action Plans** - Each locality was asked to identify a couple of actions at the end of the event for their locality

<p><b>Buckie/Cullen</b></p>	<ul style="list-style-type: none"> <li>• Scope locality assets and facilities: care homes, Hanover homes</li> <li>• Draw up a business case to support using these assets differently</li> </ul>
<p><b>Elgin/Lossiemouth</b></p>	<ul style="list-style-type: none"> <li>• Scoping exercise around community resources and building the MDT around the person</li> <li>• Scoping exercise around the public in Elgin/Lossiemouth and the impact of using out of area community hospitals</li> <li>• Look at smaller working groups to discuss the outcomes then progress, ACP planning links, communication and information sharing</li> </ul>
<p><b>Forres</b></p>	<ul style="list-style-type: none"> <li>• Evaluate Varis Court outcomes for individuals – augment/replace/conclusion</li> <li>• Continue to tailor care and empower families, work as an integrated team</li> <li>• Review Community Hospital role and function – 9 beds, I united nursing/AHP care, mostly step down and awaiting care etc..</li> </ul>
<p><b>Keith and Speyside</b></p> <ul style="list-style-type: none"> <li>• A population based approach</li> <li>• Forward thinking – early intervention, long term conditions earlier, anticipatory care planning or alternative such as WRAP</li> <li>• Extra care sheltered housing complex with dementia beds</li> <li>• Burtzorg principles with a multi-disciplinary focus – an extended MD team</li> <li>• Intergenerational workforce planning</li> </ul>	<ul style="list-style-type: none"> <li>• Get the revised criteria for Jubilee cottages</li> <li>• Identify who to target and when</li> <li>• Focus on wellness with staff as a test</li> <li>• Have difficult conversation about the future e.g. power of attorney</li> </ul>