



the care forum
voluntary sector service

B&NES Older People Network Meeting

25 November 2010

Attended: Mike Woodhouse, Action For Pensioners; Joan Travis, Action For Pensioners; Helen Storey, Crossroads Care Wessex; Jane Pye, Banes Equality; Pat Lysaght, Support For People With Alzheimers; Wendy Lovell, Bath Care And Repair; Hana Kende, Bath Mind; Zoe Kelly, Care South; Tim Rowland Jones, Bluebird Care; Diana Hall, B&NES Link; Corinne Edwards, NHS Bath & North East Somerset; David Donaldson, Bath Care And Repair; Maggie Depledge, Royal United Hospital Bath Nhs Trust; Rena Cottis, Alzheimers Society - Bath & North East Somerset; Paula Cannings, Develop; Helen Bradley, Children's Society; Ronnie Wright, The Care Forum; Katharine Gonzales, The Care Forum.

Apologies: Louise Taylor, Bluebird Care; Pauline Swaby-Wallace, Bath Ethnic Minority & Senior Citizens Association; Paul Smith, Avon & Wiltshire Mental Health Partnership Nhs Trust (Awp); Sarah Shatwell, Banes Council; Jay Shah, B&Nes Link; Veronica Parker, B&Nes Link; Claire Kerslake, Bath And North East Somerset Council; Sonia Hutchison, Banes Carers' Centre; Wendy Harris, Banes Social And Housing Services; Jo Grobler, The Carers Centre; Carol Davidson, Royal United Hospital Bath Nhs Trust; Janet Elisabeth Cowland, ; Anthony Clarke, Banes Council

Maggie Depledge, Head OT Adult Inpatient Services, Royal United Hospital

See Maggie's presentation at:

http://www.thecareforum.org/publication_uploads/Dementia%20and%20DATE%20presentation.pdf

Chris Dyer is developing the Trust's dementia strategy. Maggie is a member of that strategy group and operational lead. They are looking at improving discharge management. Social and care issues are being looked at as well as medical so preparation for leaving hospital is better. It's often difficult for carers to give honest feedback whilst the cared for is in hospital. We value the opportunity to engage with you and your feedback. We are hoping to engage more, there is already a representative from the strategy group from the local Alzheimer's Society. An acute organisation is not the best place to be, but we can improve the situation as people go through the pathway.

Coombe Ward is trying a number of different things with improving care and orientation. Coombe Ward is a secure area, and provides a safe environment. Technology is advancing and we have purchased easy to hold cups in bold, bright colours, for example. The signage is also bold and bright with pictures as well as words. We wish to roll out the standards throughout the whole organisation.

They are aiming, where they can, to accommodate changes. Maggie gave an example of someone regularly waking at 3am, it emerged from a discussion with the carer that he had been a milkman so was following the pattern of his working life. The ward was then more able to accommodate his needs, for example, providing breakfast at the right time for him.

Q: Would the milkman not have woken others on the ward?

A: There is a day room area in most wards and the person could sit by the nurses' station. You're right that there are other patients to care for as well.

We have protected meal times, but now a carer can go in and help their loved one to eat.

DATE: Some patients may have multiple problems. There is a medical assessment team of therapists and discharge nurses who gain key information about the individual. There are social workers on the team who meet every day. We are keen to link with voluntary organisations that may have additional resources they can use. There are links with PCTs in the area and agreed pathways of care have been established.

There is a risk that we feel something is a good idea, but isn't necessarily. We are striving to make small changes that make a difference.

Dr Dyer makes the following points: Hospital isn't always the best and safest place and often deskills people. We need information from people so that once the acute episode has ended, discharge is appropriate and effectiveness. Please spread the word that a quick discharge does not mean that they are not interested.

Corinne Edwards added: There is a dementia care pathway group in B&NES made up of statutory and VCS members. The dementia strategy is clear in its objective. There has been a hard push on PCTs and localities to make significant improvements in dementia care. The south west dementia partnership is developing a set of standards for hospital care. Some of the work at the RUH has been fed in. This is not just for acute hospitals, but for community hospitals, too. We could think about care homes too where a lot of this would be applicable. Standards will be audited in March next year. Organisations are expected to self assess.

There is no definitive answer with memory assessment and early diagnosis. The south west dementia partnership has produced a specification for memory assessment for commissioners. Locally, we need to look at demand and capacity in mental health assessment. It is possible to bid for pump priming funding this year only around how we support training in primary care. We have put forward a proposal for a training package and hope we will be successful.

There is a big issue with anti psychotics and there is a lot of national work. In the south west an audit is being carried out next year across primary care and mental health providers. The results are due in the third quarter. The aim is to reduce the reliance on anti psychotics.

People are often brought in by the ambulance service, not all through GP referral. The RUH has to work with the information that it has. Great Western Ambulance is trying to address the issue of training in dementia care for paramedics. Often if someone is found wandering, they are taken straight into secondary care. Alternatives, such as a place of safety with beds, are being looked at. They have developed a critical alert tool. This can be completed with the person's details, with their consent. There is a box for 25 words which, for example, might state that they have a care plan at home. This can be emailed and put on the ambulance service's system.

The DATE service at the RUH improving discharge is seeing a real impact. The length of stay has been brought down significantly. It is a very good sign that the system is working better. They have reached 98% for the accident and emergency standard. The number of people delayed in hospital has gone down. I'd like to acknowledge the work has gone into the way the pathway is operating. DH (Department of Health) has announced £70 million this year nationally to improve re-ablement services, with the aim of reducing re-admission within 30 days of discharge. B&NES has been allocated £212,000 to improve re-ablement. There is an initial exploratory scoping exercise. It's early days and we're trying to unpick the information. It's a good start and we will keep you posted.

Three pilots have started:

- 1) Single point of access jointly with health and social care: previously health was from Monday to Friday and it has been extended to 7 days a week.
- 2) Seven day therapy in community hospitals.
- 3) Home IV antibiotic therapy service has commenced.

Maggie continued:

Q: With the mental assessment unit, does everyone go through the DATE procedure?

A: We look at people admitted in the last 24 hours and try to identify the best medical ward. There is a screening tool based on a five point tick list. It will be logged if there are complex needs and a discharge plan required and ensured that it is followed through. The DATE team is learning as it is in its ninth week.

Q: Will DATE go into Millennium (new IT system)?

A: Yes.

Q: Have you overcome the problem of access to medical records at weekends and evenings?

A: We do have out of hours services, but it is difficult to access as efficiently. There is not a substantive weekend service.

Q: I welcome what you have been saying, but feedback from family members is that they get very mixed messages from different staff members, which is distressing.

A: There is work to be done on providing consistent messages. That is very important. I'm sure that it still happens, but things that have taken place in the last couple of years are: 1) There has been a recruitment drive for nursing staff and we are more or less up to capacity. There are people in established posts, rather than agency staff. 2) There is a white board system on the majority of wards, which provides a snapshot of individual patients' needs, such as estimated date of discharge. It is also a cultural thing and we are trying to improve things, getting people to take details of calls and to phone back.

Q: I think there's a simple message to staff which is to consider: "How would I like to be treated?"

Corinne Edwards, Associate Director for Unplanned Care & Long Term Conditions, Health & Wellbeing Partnership

The Department for Work and Pensions facilitated a discussion and a self assessment process with the Older People's Strategic Partnership Group to assess if the locality is a good place to grow old. Comments and feedback were returned and following consideration of these comments the strategy will go to the Health and Well Being Board and PCT Board to be signed off. The strategy is still on the PCT website as a consultation document and people can continue to comment. Network members discussed some of the elements of the self-assessment tool. In particular they addressed the following areas:

Organising for better lives:

3.1 Strong, open, inclusive and productive partnerships exist. These include all parts of the local community. Groups were split on agreeing and disagreeing with this statement. Comments:

- Doesn't include **all** parts of the community
- There are some very good open and inclusive partnerships
- BME communities not included: some involvement in Bath not in rural

- LGBT community not visible
- LSP Don't know where that is going
- LSP/Partnerships are there and that's positive
- Local government: people with different interests - lots of bosses

3.2 We work together to address the issues that older people have said are important: Housing and the home. Generally groups were split, but disagreed with this statement. Comments:

- Are examples of good practice but not much for people who own their homes and in rural areas. Some supporting people: extending support
- Not enough emphasis on unhealthy housing
- New build housing supporting good standards
- Care and Repair: falls prevention work helping make homes safer. But this is highlighting unfit housing
- Cut in funding for home repairs very challenging
- Older People don't want to move from their homes: middle ground to be found. People need to be supported in making adaptations
- Estate agents ought to promote properties as 'adapted' properties rather than adaptations being removed
- Any possibility of older people needing adaptations being able to use Some properties temporarily?
- Patchy awareness of what's available
- Adaptive technology available but still at an early stage. How to finance long term.

Generally groups said it was an interesting process but hard to engage with to some extent because it is very broad with perhaps too great a focus on strategic decision making. It would, for example, be interesting to see if there was an assessment undertaken in a locality where participants 'strongly agree' that strong local partnerships exist at all levels. Most participants at the network were able to support the idea that there were some examples locally of good practice with local partnerships but they could not agree overall with this broad statement.

Information Exchange

Care and Repair: see previous note. Also running a pilot GP referral scheme for older people at risk of cold but getting a number of inappropriate referrals. Linked to excess winter deaths in Bath.

Alzheimer's Society - £50k from people's millions to set up Singing for the Brain group. For very small groups. Memory cafe in Keynsham now up and running for people with a diagnosis of dementia, still living in their own homes, with their carers. It also offers advice and signposting.

Develop ECS – do sign up for their ebulletin. Reaching Out Linking In equalities project includes older people. Will be running a workshop looking at gender and age.

Bluebird Care: New domiciliary care business based in central Bath. Flexible support, including overnight, live in care, very high demand. Employ professional carers and they visit customers. Franchise of larger project, at the moment all private. Not so many people currently with IBs, but looking to grow.

Crossroads Caring for Carers B&NES – NB there was some confusing use of the term "carer". 'Carer' is used to denote an unpaid family member, partner or friend who is providing care for someone. Should use the term "paid carer" in relation to someone who works in a caring job or

position. Crossroads is currently negotiating their block contracts. Children's service being reduced by a quarter. Possible regional reorganisation.

Children's society: working on an intergenerational project – keen to hear information about intergenerational work happening. Initially looking at the Whiteway and Salford area. Also keen to hear from others working in the area and making links. For more information contact Helen Bradley: Helen.bradley@childrenssociety.org.uk.

Action for pensioners – still waiting for clarification about their funding. Have continued to raise issues, for example about bus passes and state pension with MPs.

Evaluation

What was the most significant outcome of the event for you?

- Improved knowledge of new approach at RUH. Interesting discussion in workshop
- Updates on local groups and information
- Maggie Depledge on RUH DATE
- Greater understanding of subject
- Networking. Keeping up to date
- Meeting people
- Learning more about the DATE service

Do you have any suggestions regarding topics/speakers for future meetings?

- Effects of funding cuts
- Intergenerational
- Update on DATE

Are there any other comments you would like to make?

- Helpful day - thanks

Content	Average mark (out of 5)
Understanding of subject at start	2.5
Understanding of subject at end	4.3
Sessions	
Speakers	4.4
Other elements	4.0
Organisation	
Pre-event information	4.4
Facilitation	4.6
Organisation on day	4.6
Venue	
Access	4.5
Refreshments	4.3
Standard of room	4.1