

Appendix

Early help, prevention & building resilience in frailty services

2.00 – 4.30, 16 March 2016 at UHCW Clinical Sciences Building, Room 10012/14

1. Summary

- 1.1 A short workshop co-facilitated by Rob Allison (VAC) and Phil Evans (Coventry & Rugby CCG) to develop a better common understanding of the role of early help, prevention and building resilience in frailty services, to identify opportunities and barriers, and to identify actions that delegates can quickly and easily take forward to address these.
- 1.2 A clear timetabled action plan with leads was developed as a result, including:
 - review and/or development of existing services such as Going Home Service and Integrated Neighbourhood Teams
 - development of the current Directory of Services and an advice line for the ambulance service
 - development of knowledge in the Multi-Disciplinary Team, Integrated Discharge Team and Frailty Team to raise awareness of alternative support and increase referrals to the voluntary sector.
- 1.3 The following agencies (or teams) took part:
 - Age UK Coventry
 - Alzheimers Society
 - Carers Trust - Heart of England
 - Coventry & Rugby Clinical Commissioning Group (CRCCG)
 - Coventry & Rugby GP Alliance
 - Coventry & Warwickshire Partnership Trust (CWPT)
 - Coventry City Council
 - Ekta Unity
 - Frailty Team
 - Moat House Community Trust
 - Orbit Care & Repair
 - Penderels Trust
 - University Hospitals Coventry & Warwickshire (UHCW)
 - Voluntary Action Coventry (VAC)
 - West Midlands Ambulance Service (WMAS)
- 1.4 Evaluations (Appendix 3) were very positive – delegates liked the energy & focus of discussion with this format and the excellent mix of people around each table. The session was very action-orientated with an emphasis on actions that delegates could take forward. Progress reports will be taken in three and six months' time.

2. Outcomes achieved

- 2.1 A better common understanding and awareness of the contribution of the voluntary and statutory sectors to frailty services and their importance to building early help, prevention & resilience and capability to enable people to stay out of hospital and residential care.
- 2.2 Opportunities for building better services, pathways and collaborative working between voluntary and statutory organisations identified, and the barriers that hinder this.
- 2.3 Practical actions identified and agreed by delegates to progress opportunities and overcome barriers.

3. Early help, prevention & building resilience within Connecting Communities

3.1 VAC has been promoting recognition of the role of the voluntary sector in **early help, prevention and building resilience** which supports Coventry's wider "**Connecting Communities**" narrative to:

- reduce demand and improve services by working with local communities and people to intervene before problems reach a crisis and to find solutions that reflect and build on local people's skills, experience and capability
- encourage resilience in communities and reduce expectations that public services can continue to be demanded and delivered in the same way
- support people to have the capability to do more for themselves (and/or through informal support networks such as their friends, family and neighbours) rather than public services necessarily being the first port of call

4. Methodology

4.1 VAC has re-designed its events to become multi-sector problem-solving workshops to bring together a 'mixed economy' of different partners (statutory, voluntary, community, etc) to use their skills, knowledge and resources to tackle problems in collaboration. This workshop's format was piloted with Adult Mental Health on 10 February and both workshops will feed into VAC's Health & Social Care – Voluntary Sector Network event around system transformation, Connecting Communities and place-based working on 10 May.

4.2 VAC's fast-paced facilitation format quickly raised awareness of existing services, identified opportunities and barriers, and required delegates to identify actions to address these which:

- **lead to better outcomes for frail older people and save money through collaborative working by the voluntary & statutory sectors**
- **are achievable and reported within the next 3-6 months**
- **are clear & specific with a named lead(s) from that table**

4.3 Sue Davies (Coventry & Rugby CCG), Andrea Buckley (Coventry City Council), Carol Speed (Moat House Trust) and Steve Banbury (VAC) were table facilitators, enabling each table to prioritise and record points. A number of delegates took points to the front, giving an engaging and a very participative format, rather than a dull plenary reading from flipcharts.

4.4 Quick wins can improve services through better awareness, communication and co-ordination between providers, but attendees were also encouraged to identify some longer-term actions which could be more transformative on a macro (i.e. systems) level. Phil Evans provided challenge within the broader context of system transformation.

4.5 Phil & Rob worked with UHCW and CCG colleagues to ensure the event included a balanced cross-section of statutory and voluntary sector personnel for frailty. This was key to the workshop's format and success.

5. Examples of early help, prevention & building resilience to enable people to stay out of hospital and residential care

5.1 Specific services such as:

- Age UK outreach, holistic assessment and practical support – working to find solutions to support clients in their own home

- Carers Trust's support for family carers such as Carers Response Emergency Support Service (CRESS) providing up to 72 hours emergency care whilst an emergency situation is being resolved for the carer
- Orbit Care & Repair's home safety and falls prevention checks to prevent / reduce hospital admissions and identify other needs, e.g. safeguarding
- Early engagement of voluntary organisations in multi-disciplinary conversations - e.g. Age UK in the Acute Frailty Unit and Integrated Neighbourhood Teams – and then linking to other voluntary organisations to provide resilience to patients and their families
- Age UK friendship services, bringing people together through community groups, Ageing Better Together campaign
- Carers Trust's carer's assessments - early identification of need and empowering carers to care
- Age UK Contact & Connect service – linking up patients with a range of statutory and voluntary sector services and support through a joined up referral service and plugging the gap for non-medical care and support

5.2 And also collaborative or neighbourhood networks:

- Links between networks of voluntary organisations to provide additional support to frail older people
- Community groups as the eyes and ears in neighbourhoods, looking out for the needs of older people and being a good neighbour

6. Opportunities & barriers

6.1 Opportunities for collaborative working to improve outcomes:

- Short-term: All organisations' details on a single Directory of Service
- Long-term: Efficiency of pathways – redesign a truly integrated pathway
- Trust & respect & value between services and voluntary sector to help build relationships and bridge the gap between home, community & hospital
- Communicating between all sectors (including GPs) on what's out there with updated information
- Overcoming social isolation and loneliness – one system in place with the GP practice as a link point, but also driving away from medicalisation of this problem through the newly started Social Prescribing programme, good neighbours scheme, and use of volunteers
- Workforce roles across health and social care that can be delivered in a community / primary care setting by the voluntary sector

6.2 Barriers that hinder this:

- Lack of awareness of services (services change as funding has run out), policies, training & education
- Funding which is both organisation and Key Performance Indicator specific
- Lack of trust, information-sharing and referrals between organisations and acceptance that we are specialists in our own right with motivation & driving forces
- Risk aversion and lack of trust impacting on taking up of opportunities (including on sharing information due to a lack of understanding on information governance)
- Willingness to commit to what works and switching resources to these

7. Delegates' action plan to address opportunities & barriers – progress after 3 months

Timing	Actions	Lead(s)	Update on progress
Now	Include point of contact (name &tel no) on discharge letter for Age UK Coventry Care Navigator and Community Matron. Measure GP contact. Test from Frailty Team.	Cat Roberts, Frailty Team	We have started adding matron and Age UK navigator details to discharge letters for our turnaround patients whenever possible. Both Age UK Coventry navigators now feel confident contacting matrons and GPs regarding concerns re patients they are following up in the community. We hope that this will continue to become the norm and promote awareness and acceptance of voluntary sector contribution to patient well-being.
0-3 mths	Visiting patients in hospital (“how do you feel about going home, what do you want?”) – Going Home service is in place, linking with ward managers and Discharge Team - review capacity, timing and selection of patients	Lynn Thomas, UHCW Jim McCabe, Age UK Coventry	Met to review Going Home from Hospital input- referrals received from ward staff and IDT etc. Daily service over 5 days covering all adult wards- continue with regular liaison/training with IDT REACT as appropriate to improve current service.
0-3 mths	Age UK and Community Development Service (CDS) to provide briefing session for Integrated Discharge Team (IDT) on community activities and specifically Community Activities Directory to raise awareness and encourage use of alternative support	Kerrie Manning, UHCW Jim McCabe, Age UK Coventry Michelle McGinty, City Council	IDT, REACT and a proportion of Therapy services have undergone training on the CAD in May 2016.
3-6 mths	Monitor referrals from UHC to Carers Centre and from Acute Frailty Unit via Age UK Coventry	Pauline Dye, Carers Trust Moira Pendlebury, Age UK Coventry	<i>Not due to report yet</i>
3-6 mths	Continue to develop Multi-Disciplinary Team knowledge to ensure robust referral process to voluntary & community sector – carry out assessment on current referral pathways	Richard Coneron & Gary Empsall, Coventry & Rugby GP Alliance	A joint APC/Frailty teaching programme has being developed to cover a variety of educational topics. The teaching runs on alternate Mondays and Wednesdays from 2-3pm. There is an open invitation to all members of the MDT to attend these events. This programme includes sessions ran by Voluntary and Community sector. E.g. ‘Age

			<p>UK – A day in the life’ & ‘REACT—Functional assessment of frail elderly Patients’. This will be further extended to include other voluntary sector attendees from this workshop.</p> <p>Richard Coneron and Ben Atkins (Frailty Clinical Lead) are also part of UHCW’s Ambulatory Care Development Group whose aim is to facilitate the delivery and expansion of existing pathways and to support the development of new pathways identified as beneficial to our patient population</p>
3-6 mths	Develop feedback process to understand reasons (social / medical) why patients are presenting at Emergency Department	Richard Coneron & Gary Empsall, Coventry & Rugby GP Alliance	<p>A frailty identification tool (Prisma 7) has now been implemented within ED to identify all frail patients who present at ED based on defined frailty criteria.</p> <p>Working in collaboration with GP Alliance, Coventry University are carrying out an in-depth evaluation of the Primary Care Frailty service, including inviting patients to interview. This detailed interview will seek to identify why patients presented at Emergency Department and what level of care and support they received from the Primary Care Frailty Team. These invites are due to be sent early June.</p>
3-6 mths	Advice line for Ambulance Service (UC Service), e.g. Frailty liaison service	Vicky Williams, UHCW	<i>Not due to report yet</i>
3-12 mths	Development of current Directory of Services	Mark Docherty, WMAS	<i>Not due to report yet</i>
3-12 mths	Focus on development of Integrated Neighbourhood Team (INT) and monitor impact with a view to expanding the approach at pace	<p>Kerrie Manning, UHCW</p> <p>Jim McCabe, Age UK Coventry</p> <p>Jo Morris, CWPT</p>	<p>Kerrie attended an operational INT meeting to discuss referrals and criteria. An action agreed for Kerrie to attend strategic meetings, identify champions within IDT and INT to review the referral form to reflect the changes and information required.</p> <p>INT scaled up to 3 neighbourhood teams covering all GP practices in Coventry. 3 levels of service aiming to get the patient the right care at the right level at the right time:</p> <p>Level 1 – multi-disciplinary case management of individuals with complex needs.</p>

			<p>Level 2 – Care Navigation for individuals with a specific health or social care need</p> <p>Level 1 – Age UK, the Lead Provider for the social prescribing model to work in partnership with CWPT to sign post patients to appropriate non-statutory services and agencies in their local communities.</p> <p>There has been 130 referrals received into the service between 4 Jan and 3 May 2016 with 75% of those being from GP's, the remainder being UHCW and community services professionals.</p> <p>'Your Health at Home' has been created as an overall identity to be used across the range of services delivered by the Integrated Neighbourhood Team. This name will be used for all external communications regarding the INT. There is an accompanying graphic element which gives a visual identify to the service.</p>
1-3 years	Agreed standardised pathway which wraps around the citizen with carers' support	Multi-organisation	<i>Longer term action</i>

Appendix A - Attendees

Alice Rose	alice.rose@orbit.org.uk	Caseworker & Safeguarding Champion	Orbit Care & Repair
Andrea Buckley	andrea.buckley@coventry.gov.uk	Team Leader, Community Development Service	Coventry City Council
Carol Speed	carol@mhct.co.uk	Community Engagement Officer	Moat House Trust
Cat Roberts	catrobertsuk@yahoo.co.uk	Lead GP for GP in Ed and Frailty	Frailty Team
Cathy Sharman	cathy.sharman@orbit.org.uk	Team Leader	Orbit Care & Repair
Gary Empsall	Gary.Empsall@coventryrugbyccg.nhs.uk	Head of Operations and Delivery	Coventry & Rugby GP Alliance
Jane Moore	jane.moore@coventry.gov.uk	Director of Public Health	Coventry City Council
Jim McCabe	Jim.McCabe@ageukcoventry.org.uk	Services Manager	Age UK Coventry
Jitey Samra	info@ekta-unity.org	Project Co-ordinator	Ekta Unity
Justine Richards	Justine.Richards@covwarkpt.nhs.uk	Interim Director – Strategy & Business Support	CWPT
Kara Dutton	kara-louise.dutton@orbit.org.uk	Tele-health Development Officer	Orbit Care & Repair
Karen Worwood-Foley	kworwood-foley@penderelstrust.org.uk	Independent Living Adviser	Penderels Trust
Kerrie Manning	Kerrie.Manning@uhcw.nhs.uk	Integrated Discharge Team Leader	UHCW
Lynn Thomas	Lynn.Thomas@uhcw.nhs.uk	Group Manager, Support Services	UHCW
Mark Docherty	mark.docherty@wmas.nhs.uk	Director of Nursing, Quality and Clinical Commissioning	WMAS
Michael Vincent	Michael.Vincent@ageukcoventry.org.uk	Chief Executive	Age UK Coventry
Michelle McGinty	Michelle.mcginty@coventry.gov.uk	Head of Involvement & Partnerships	Coventry City Council
Moira Pendlebury	Moira.Pendlebury@ageukcoventry.org.uk	Director of Services	Age UK Coventry
Pauline Dye	paulinedye@coventrycarers.org.uk	Head of Information, Advice and Support Services	Carers Trust – Heart of England
Pete Fahy	peter.fahy@coventry.gov.uk	Director of Adult Services	Coventry City Council
Phil Evans	Phil.Evans@coventryrugbyccg.nhs.uk	Programme Director – Wide System Change	Coventry & Rugby CCG
Pijush Ray	Pijush.Ray@uhcw.nhs.uk	Clinical Lead, Gerontology	UHCW
Richard Coneron	Richard.Coneron@coventryrugbyccg.nhs.uk	Acute Primary Care Project Manager	Coventry & Rugby GP Alliance
Rob Allison	r.allison@vacoventry.org.uk	Director of Policy & Partnership	Voluntary Action Coventry (VAC)
Ruth Nelson	r.nelson@vacoventry.org.uk	Macmillan Community Mobilisation Co-ordinator	Voluntary Action Coventry (VAC)
Salma Jussab	salma@carerstrusthofe.org.uk	Head of Operations	Carers Trust – Heart of England

Sandra Bonniger	Sandra.Bonniger@ageukcoventry.org.uk	Senior Practitioner – AUKC Hospital Care Navigator (Acute Frailty Unit)	Age UK Coventry
Sandra Fulton	sandra.fulton@coventryrugbyccg.nhs.uk	Clinical Care Home Support Nurse - Tissue Viability	Coventry & Rugby CCG
Steve Banbury	s.banbury@vacoventry.org.uk	Chief Executive	Voluntary Action Coventry (VAC)
Sue Davies	sue.davies@coventryrugbyccg.nhs.uk	Director of Integration	Coventry & Rugby CCG
Suraj Bassi	Suraj.Bassi@capita.co.uk	Principal Consultant, Frailty pathway, Capita Health Partners	Frailty Team
Surinder Chaggar	surinder.chaggar@nhs.net	Lead GP for Frailty team	Frailty Team
Tony Refson	Tony.Refson@alzheimers.org.uk	Services Manager	Alzheimers Society
Vicky Hughes	Victoria.Hughes@coventryrugbyccg.nhs.uk	Interim Programme Lead for Information Sharing Programme	Coventry & Rugby CCG
Vicky Williams	Vicky.Williams@uhcw.nhs.uk	Consultant Nurse, Gerontology	UHCW

Appendix B - Format

2.00 Welcome & introductions & context

2.10 Table session 1:

How are voluntary sector services helping to manage the demand for statutory frailty services (and the impact on wider public services) through early help, prevention & building resilience and capability to enable people to stay out of hospital and residential care?

20 minutes for each table, 15 minutes plenary – please briefly feed back 2-3 examples from each table using the coloured cards

2.45 Table session 2:

a) What are the opportunities for pooling our skills and resources through closer collaborative working between the voluntary and statutory sectors - where can we build better services through stronger integrated pathways and/or better use of informal support networks and assets in the community?

b) Are there barriers that hinder this?

30 minutes for each table, 15 minutes plenary – please choose 3 opportunities and 1 barrier to briefly feed back on and use the coloured cards to record each in more detail

3.30 Refreshment break

3.40 Table session 3:

What actions can we all take forward to progress this?

20 minutes for each table, 15 minutes plenary – please identify 3 actions with a named lead person from your table for each and use the coloured cards to record each one

4.15 Summing up & evaluation

4.30 Close

Appendix C – Event evaluation summary

Voluntary organisation	7	NHS / Council / statutory organisation	10
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1. Did we meet the outcomes?	Yes	No	?
A better common understanding and awareness of the contribution of the voluntary and statutory sectors to frailty services and their importance to building early help, prevention & resilience and capability to enable people to stay out of hospital and residential care	15	1	
Opportunities for building better services, pathways and collaborative working between voluntary and statutory organisations are identified, and barriers that hinder this.	16		
Practical actions are identified and agreed by delegates to progress opportunities and overcome barriers.	13	1	2

2. What worked well and why?

Voluntary organisations

- Group discussions worked well. Right time for allocated for each topic. Feedback from each table was useful.
- Energy & focus of discussion. Meet new people from across organisations. A willing spirit of collaboration. Preparation & clear process of the meeting.
- The mix of people on each table to make sure all sectors / professions were represented.
- Plenty of time overall (but lots of topics) which is positive. Good mix of people and organisations.
- Sharing thoughts & ideas. Roles & responsibilities. Interesting ideas about navigating.
- Good mix of people on the tables, everyone was receptive and listened to each other, the facilitator was proactive & delegated well & wrote the cards in a manner that can get the point across

NHS / Council / statutory organisations

- Clear instruction on what we were to achieve / outcome of workshop & how it would be achieved. Great to get a wider selection of people together from vol / stat organisations
- Timekeeping & facilitation
- Good length & pace – some lively discussion
- Good facilitation & enough talking and thinking time
- Groups good size – everyone had opportunity to speak. Well-structured, clear direction. Visual presentation. Engaging and motivated people.
- Good mix of organisations across the table
- The format worked well to increase awareness of what services are out there
- Meeting others and understanding their role but also their challenges. Lots of similarities!

3. What didn't work so well or would have benefitted from a different approach?

Voluntary organisations

- Time was limited, fast-paced – could have discussed more.
- Identifying how / when / where capacity issues will be addressed

NHS / Council / statutory organisations

- Perhaps a bit more introduction to what's expected to be achieved through the frail elderly programme
- Big transformational issues highlighted regarding communication but not captured or solutions / plan discussed outside of table
- Not clear what changes would happen coming out of this workshop
- I felt the focus was on persons in their own homes not considering care homes
- All opinions to be taken into account

4. What will you do as a result of today's workshop?

Voluntary organisations

- Proactively be involved in links between medical & voluntary sectors
- Contact organisations. More marketing needed has been identified about our group. Monitoring & outcomes training needed.
- Meet colleagues in IDT & CDS to discuss specific actions. Investigate a number of vol orgs who were present. Consider wider role for social prescribing across vol sector.
- Carry on ensuring we're embedded in whatever pathways we can to ensure a holistic approach for this group.
- Follow up on the identified action
- Feedback to relevant managers on what actions have been agreed and how they will be achieved.

NHS / Council / statutory organisations

- Look at how can improve links with vol sector with projects I am leading on
- I have an action to feedback to my team re: discharge letters
- Complete actions required
- Explore and understand the Community Activity Directory & Directory of Services. Share this information with care homes.
- Communicate with Primary Care and other voluntary organisations
- Get more information from other sectors

5. Your overall rating for today					
Not useful	0	Useful	9	Very useful	8