Haringey Better Care Fund Community Event –'Let's talk about leaving hospital' 9th December 2015

Evaluation Report

Approximately 50 participants attended the Haringey Better Care Fund (BCF) Community Event which focused on the theme of leaving hospital.

The event was opened by the Creative Dance 60+, a performing arts group for individuals 50 and over.

The event also included two participative techniques:

- Short dramatic sketches

- Round table discussions

All photography is courtesy of Haringey Clinical Commissioning Group

Several themes emerged from these techniques on issues related to leaving hospital, with the key ones being:

- Delays – in the start of support services accessing personal equipment (e.g. crutches and pendants).
- Medical support - reduced access to this once they leave hospital.
- Fear – of how they will manage household tasks and hygiene maintenance when they return home.

Participants heard about three services being funded out of the Better Care Fund (BCF) that individuals could receive after leaving hospital:

- Home from Hospital
- Step-Down
- Reablement

Participants had an opportunity to make suggestions on what could be done to alleviate the anxieties residents in Haringey have regarding leaving hospital, including suggestions for improvements to the three BCF services. The following table summarises the key themes from these discussions and also provides a response from NHS Haringey CCG and the London Borough of Haringey to show what we are doing to address the feedback:

You Said	We Did
1. You want practical help at home, e.g.	Haringey's Reablement Service is a joint social care and health service which supports people to regain their life skills following a period of hospitalisation e.g. being able to cook

You Said	We Did
cooking and shopping, when you leave hospital	for themselves. We are currently working to expand the service so more people can benefit from this support. We have also commissioned a Home from Hospital service from the Bridge Renewal Trust to deliver a range of services to patients including: • Accompanying people home following hospital discharge. • Practical assistance including essential food shopping, collecting pensions, GP or outpatient appointments and filling in forms. • 'Check and chat service' – friendly telephone calls to check everything is alright. This service is aimed at: • Individuals who would benefit from practical support at home but not including personal hygiene, domestic cleaning or laundry. • Individuals not requiring acute medical care. • Those at risk of hospital admission / readmission if no support is provided. Contact telephone: 020 8442 7651 The online directory Haricare www.haricare.haringey.gov.uk), produced by Haringey Council also includes information about the range of services which can provide practical help in people's homes in Haringey.
2. You need support with your health condition when you get home, especially if you have a crisis	When you get home from hospital you may be supported by the Home from Hospital service (as described above). If you have a number of health conditions you may be discussed during an MDT (Multidisciplinary Teleconference) The MDT team is made up of health and social care professionals, including your GP, hospital consultants and community nurses. They have regular telephone discussions to talk about patients who have come to A&E several times or have recently been discharged from the hospital or patients whose care may be particularly complex. The purpose of this telephone discussion is to help make sure that the right people are involved in their care and to see whether they would benefit from additional support from the Haringey Locality Teams. The Locality Teams are made up of a Community Matron, Physiotherapist, Social Worker, Community Mental Health

You Said	We Did
	Nurse and Clinical Pharmacist and they work with the GP to help patients maintain health, wellbeing and independence. They listen to patients and talk to other professionals about their health or care requirements to ensure that their care is co-ordinated and joined up. Once you are better you could be eligible for the Supported Self- Management programme. This is a six week course that can help you cope with your health condition. By taking part in the programme you can learn to: • Manage symptoms (including pain and fatigue) • Find solutions to common problems • Deal with stress and worry • Develop more confidence to take control of your condition and improve your health • Live well with your problems To find out more about the supported self-management programme you can contact the team: Telephone: 0207 527 1707 Email: whh-tr.self-management@nhs.net Through these different initiatives we are able to provide support to individuals with health conditions when they leave hospital.
3. There are delays in health and care services that could support people being discharged from hospital	The Better Care Fund has funded additional social work support based at our local hospitals so that social care advice and support, on discharge, can be accessed 7 days a week. The Better Care Fund has commissioned a joint health and social care Rapid Response service that supports discharge from A&E and medical assessment wards to ensure that people are not admitted as inpatients if they do not need to be. This can be accessed in a 2 hour time frame led by a Community Matron supported by a physiotherapist across health and social care. We are currently developing integrated pathways to ensure that people get the right support at the right time when being discharged from hospital as well as at home to prevent unnecessary hospital re-admissions.
4. You want clear and relevant information on what will happen	Improving the information you get when you leave hospital is important to us. We have included this recommendation in our plans to improve hospital discharge with all of our health and social care providers.

You Said	We Did
and what is available, when you get home from hospital	
5. You want to know where to find out about other services that may support you	We have commissioned a new and improved IAG (Information Advice and Guidance) service. This will be a partnership between the Citizen's Advice Bureau (CAB) Haringey, HAIL (Haringey Association for Independent Living) and Age UK. This service can be accessed face-to-face, online and via the telephone. The service will provide information advice and guidance across a range of subject matters. The IAG service will be supported by Haricare (as described above).

15 participants completed evaluation forms. The key themes from these were:

- Most people thought the event was very good, and that the acting was great
- The information and presentations were useful
- A question and answer session was needed
- Improvements to the sound system were also needed

All the feedback will go towards the development of the next BCF Community Event.

Appendix A: Haringey Better Care Fund Community Event –'Let's talk about leaving hospital Wednesday 9 December 2015

Evaluation Form

15 Participants at the Haringey Better Care Fund (BCF) Community Event completed evaluation forms. The comments made have been grouped into themes:

1. What did you like about today's event?

Informative Event

- *This was the first meeting that I have come to, so information/contacts very useful*
- *Very good, informative*
- *Very good, very informative – food as well*
- *Informative nature of the event*
- *Informative*
- *It was very informative/helpful*

Presentations

- The acting! – Great way to explain a complex hierarchy of care
- The skits
- Talks by the speakers at organisations
- Presentation, slides – the information provided was very useful, and finding out the views of other people

Participation and discussion

- *Client feedback/networking*
- To find out about problems faced by patients
- *Friendliness of other participants*
- *Hearing from people who use our services*
- Group work
- *Efficient co-ordinator on table*

2. What could be improved about today's event?

Sound System

- Poor Sound
- Poor room layout - too large
- Both loudspeakers should have been used
- Sound equipment was faulty
- Microphone not working sometimes
- Sound system was not working properly
- Speakers, learn to use microphones, besides supplying microphones that work

Asking Questions

- Inclusion of a Q&A – 2 or 3 questions after each speaker
- Opportunity to ask questions
- The speakers to accept questions to be answered for the benefit of all present

More Discussions

- Could have done without the entertainment and discussed more important matters first
- Talk by the Forum for Older People

Additional Issues

- Food – not enough. Not enough cups and spoons
- Everything was OK

Conclusion

Haringey Clinical Commissioning Group (CCG) and Haringey Council will consider these comments for future public engagement activities for the Better Care Fund.

Appendix B: Let's talk about…..Leaving hospital: KEY THEMES

SUPPORT AT HOME

- Home not clean and tidy
- Not managing at home e.g. repairs, bills , utilities
- Home help with cooking, shopping (carrying the bags)
- Not feeling able to go out for shopping
- Assistance with housework
- Personal and self-care
- Help with form filling
- Affordable services if one has to pay

SUPPORT WITH HEALTH

- Being discharged too soon before full recovery
- Fear that health will deteriorate as a result
- Chronic conditions, living alone
- Medical care support e.g. changing dressings
- Better dialogue with all providers (multi-agency)
- Follow up post discharge e.g. via a discharge co-ordinator
- Make it easier for patients to contact hospital/services they need e.g. via a hot line
- Someone to call in a crisis or for clarification

TIMELINESS OF SERVICES

- Delays before services at home start
- Delays in getting personal equipment e.g. crutches, pendants
- Access to transport

COMMUNICATION

- Not knowing or understanding what will happen or who to speak to
- Good concise communication with patients before they leave hospital, describing what services they will receive and why they will need them
- Provide patients with the option to fill out patient questionnaires so that they can ask the right questions before leaving hospital
- Tailored information – not information overload
- Information from a trustworthy source e.g. advisory support

SIGNPOSTING

- Knowing where to go for support especially if isolated
- Lack of support services e.g. befriending, social groups, buddy systems
- Links to groups and neighbours

Appendix C: Let's talk about…..leaving hospital

Round Table Evaluation

Group discussion: Feedback

Table 1

Question 1 Thinking about your own experiences or those of people you know, what prevents people going home from hospital?

Responses:

- Someone to talk to who will listen
- Cooking + shopping – getting food in
  - home help (carrying bags)
- Transport
- Returning to a home that is not clean and tidy
- Difficulty getting dressed
- Form filling
- Not knowing or understanding what will happen
- Delay before service at home starts or equipment is made available
- Not knowing who to speak to, to get help
  - Quality of information available

Most important issues:

- ✓ Returning to a home that is not clean and tidy
- ✓ Not knowing who to speak to, to get help
- ✓ Shopping – getting the food in. (home help carrying bags)
- ✓ Delay before service at home starts

Question 2 What could be done to reduce the barriers that you have identified?

We cannot expect the council to solve our problem – we can be part of the solution, but we need the LA to be provide an activity focused group – to help cope with Mental Health and anxiety issues

- Good concise communication with patients before they leave hospital –(describing what services they will receive and why they need them)
- Tailored information, not information overload with 100's of leaflets
- Someone to call in a health crisis or a contact number for general queries/clarification
- Patient self-questionnaires to help them ask the right questions before leaving

KEY MESSAGE: Not all issues can be resolved when leaving hospital – so we need to make it easier for patients to contact the hospital or the service that they need by having a designated hot line for these queries.

Table 2

Question 1 Thinking about your own experiences or those of people you know, what prevents people going home from hospital?

Responses:

- Loneliness
- Not managing at home – self-care + looking after at home
- Not feeling able to go out for shopping and appointments
- Discharged too soon before fully recovered
- Not enough support at home (family etc) feeling like a burden to family
- Worrying about health deteriorating
- Worrying about coping with challenges at home (repairs, bills, utilities etc)
- Cost of heating the home

Most important issues:

- ✓ Not managing at home – self-care + looking after the home
- ✓ Discharged too soon from hospital – before full recovery
- ✓ Worrying about coping with challenges at home (repairs, bills, utilities etc)

Question 2 What could be done to reduce the barriers that you have identified?

- ❖ Integrated care package – co-ordinators by hospital and local authority
- ❖ Affordable services available if one has to pay
- ❖ Information available about services from a trustworthy source (advisory support)
- ❖ Knowing where one can get the support needed to take away the fear of not coping on one's own

Table 3

Question 1 Thinking about your own experiences or those of people you know, what prevents people going home from hospital?

- Access to front door – key cutting
- Bed Ridden – Personal care – help
  -Medical care – support
  -Cooking
  - Shopping
  -Dressing
  -Toileting
  -Clothes washing
  - Housework

- Isolation (no family, churn, fear of falling)

- Chronic conditions – living alone
- Nursing/Medical support
  -Blood test
  -Changing dressings
  -Pain management
  -Problems with Pharma delivery
  -Pressure care

- Language/Dialect barriers – religious
- Advocacy/Advice/Support
- Transport Home → hospital → other services
- Property
  -Layout
  -toilet/commode
  -Kitchen
  -Grab-rails
  -Alarm
  -Bathroom
  -Getting the flat ready
  -Stairs
- Paying bills/rent and budgeting
- Personal equipment – timeliness
  -Zimmer frame
  -Crutches
  -Eating Utensils/Cutlery
  -Liaison with other agencies/ service providers
  -Doing the groundwork
  -Lack of Support services – e.g. befrienders, social groups, day centres etc)

Most important issues:

- ✓ Personal equipment – timeliness
  -Zimmer frame
  -Crutches
  -Eating Utensils/Cutlery
  -Liaison with other agencies/ service providers
  -Doing the groundwork
  -Lack of Support services – e.g. befrienders, social groups, day centres etc)

Question 2 What could be done to reduce the barriers that you have identified?

- Buddy system – (trade unions, etc)
- Support for (able + willing + family and friends)
- Church and faith groups

- Extension lead for phone
- Front door – CCTV/Intercom
- Mobile library
- I.T access – skype, email
- Pendants – 'safe 'n' Sound'
- Age UK befriending service
- Dial –a-ride
- Intrepid Explorers
- Safer Neighbourhood teams/Neighbourhood watch
- Residents Associations
- Scheme Managers

Medical care: Support

How can the barriers be reduced?

- Dialogue with all providers – multi-agency
  -Communications (A.S, M.O.W, GP, O.T, Adaptations, Landlords, family, friends… Age concern)
- Follow up post discharge
  -discharge co-ordinator
  -planning support in place
  -anything else needed
- GP/Community Matron visit &on-going monitoring

Additional information

Shrinking support services
-CLOSURE OF…..
-day centres
-luncheon clubs
-Intervention levels getting harder
-access to care homes
-access to information, advice + advocacy
-increase demand for existing/remaining services

KEY MESSAGE
Invest to save! No more short-term savings