

Older People and End of Life Care – Task and Finish Group

Friday 18th January 2013

Present: - Councillor J. Taylor (in the Chair); Councillors Francis and Macnab.

Officers: - Christine Forsyth, RIACT Manager, Wendy Lyons, Warren Tweed, Strategic Commissioner Older and Disabled People and Abbie Metcalfe, Democratic Officer.

Christine Forsyth explained that RIACT is an Intermediate Care Service which involves a range of services designed to help people recover from an illness and prevent unnecessary admission to hospital. The service is for people over the age of 18, who live within the Borough of Darlington and/or are registered with a Darlington GP practice.

RIACT combines the following services:

- Rapid Response Service – helps to prevent avoidable hospital admissions by providing rapid assessment of needs followed by access to short term therapy / reablement, nursing support and personal care in the patients own home.
- Rehabilitation Service – provides a short term programme of therapy and reablement in a person's own home or a local residential care home. The service for people who are medically stable but need some support to enable them to return safely to their own home. The support may also follow a stay in hospital after an illness or an operation, or may sometimes follow deterioration in the patient's condition in their home.
- Reablement Service – gives people the opportunity and confidence to regain some of the skills they may have lost because of poor health, disability or impairment, following a stay in hospital or problems at home.

The RIACT Team is based at Hundens Lane and provides services which include:

- Physiotherapists - help patients become as fully mobile and active as possible.
- Occupational Therapists - help and encourage patients to regain independence in their daily lives.
- Nurses - address patients nursing needs, eg. wound care, nutrition, pain control and medication.
- Care Managers - assess the patients Social Care needs.
- Support Workers, either based in a community or residential care homes, help with the rehabilitation programme. This may include assistance to enable patients to manage their mobility, personal hygiene, dressing, meals and domestic chores.

The RIACT service is hugely popular and current the service is exceeding its capacity with between 30 – 50 new people accessing the service each month for conditions a variety of conditions including stroke, neurological and intermediate care. RIACT is

available between 8am – 8pm, this includes Social Workers and there is also an evening service which allows people to have night sitters.

Members were pleased to hear that RIACT and Readmission Avoidance Scheme (RAS) Teams are working together and becoming more integrated, with the aim of creating a Single Point of Access for all clients. RAS is very much part of the discharge planning and as part of that process the team to consider whether the patients conditions can be successfully managed at home, whether they understand their medication, offer reassurance to carers and assess people who require additional support, which is often a sensitive issue. Part of the RIACT service includes a call back to a patient id they have refused care to check that they are alright and managing if they live alone.

Patients are triaged via the telephone when they call RIACT and this is well received and prevents hospital admission. If people present to Accident and Emergency with falls or black outs that has not resulted in a fracture is known as a 'near miss' and more often than not are followed up with telephone interviews. The aim is to have holistic approach and make every contact count and avoid unnecessary hospital admissions. It was noted that patients are readmitted based on need not want.

It was noted that the service RIACT provides has a long term benefits and that financially it is more cost effective, however, if admissions to care homes decrease the need for equipment increases, but overall the cost per episode is lower. The average numbers of people who use RIACT leave requiring no services or further health or social care intervention and continue to live independently despite their acute episode.

It was noted that there are a number of Telehealth pilots running in Durham and that Jane Haywood from County Durham and Darlington NHS Foundation Trust was leading on that work. Members commented about the previous Telehealth Pilots that were running in Darlington Care Homes and it was noted that the results were not as expected. Although, a positive outcome was that staff has become educated and familiar with individuals conditions, are able to reassure patients and carers and check readings and monitor conditions ultimately avoiding unnecessary admission to hospital. The two Care Homes in Darlington were Eden Cottages and The Gardens; Members were interested to note that Eden Cottage was the only Care Home that was continuing with the equipment.

The Gold Standard Framework (GSF) in Care Homes have been offered to all Care Home in Darlington and only 16 out of 22 care homes have signed up to attend the four workshops. Part of the contract arrangements includes a penalty clause for nonattendance at the workshops. Mr Tweed reported that realistically only 12 out of the original 16 would successfully achieve the GSF. Now a facilitator has been appointed it was hoped that care homes would move through the programme more quickly and as clusters. The funding for the GSF comes to end an in 2013 and continuation will depend on whether the CCG intend to continue to invest funding. Part of the GSF includes End of Life Care training is undertaken in this area.

Publically GSF is an attractive achievement as people want to put their loved ones in Care Homes with the GSF standard and it also signifies a change in culture. Care Homes tend to look after people aged between 80 - 90 and their average length of stay is two years, therefore End of Life Care becomes very important. Part of the GSF

involves staff being trained in End of Life Care and being able to assist people in planning for their death and personalise their individual pathway of care. GOLD have been asked to carry out some evaluations of care homes in Darlington to establish standards. The care homes visited were taking part in a national training programme GSF, which has a strong focus on dignity in care and care at the end of life. GOLD will visit different care home throughout the process and prepare reports after each visit.

There has been a significant rise in home equipment loans and adaptations allowing people to remain in their own homes for longer. It was noted that there are between 80 - 100 new clients every month across County Durham and Darlington. As a result resources are stretched and it was not always possible to meet clients' needs exactly how they would wish. An example quoted was availability of continence pads with clients only receiving up to four pads a day when ideally they would require more.

Members were pleased to note that Dr Matt Sawyer is the CCG lead for Intermediate Care and holding discussions with GPs, regarding aligning GP surgeries to Care Homes or having specific GPs available for Care Homes to call upon.

Members enquired about training and were pleased to hear the Council staff were trained on a rolling programme and training did include some mandatory elements. Such issues as reablement awareness have been carried out jointly with health colleagues to build relationships and allow staff to support each other. Officers discussed the benefits of having a Community Matron aligned to RIACT and how they can often act as a conduit with the Hospital. Officers stated that transforming community services has established the firm integration of the team. A single contact number for the RIACT service has proved to be very successful. Members were reassured that relationships between health and social care are extremely positive and that there was a uniqueness in Darlington where people are always willing to share ideas and learn from each other to provide the best services, budgets aside.

Officers were delighted to announce that the Team had been shortlisted for a Local Government Intermediate care Award and agreed to share the outcome with Members as soon as possible. Members bestowed their best wishes to them.

Actions:-

- That Officers be thanked for their attendance at the meeting.
- That the contact details of Officers be shared with any Groups that the Hospice could be networked into.

Additional Information:-

Funding to create care environments for people with dementia

Health Secretary Jeremy Hunt has announced dedicated funding to create care environments for people with dementia that help reduce anxiety and distress, and help people feel safe.

Up to £50 million will be available to NHS trusts and local authorities, working in partnership with care providers, to help tailor hospitals and care homes to the needs of people with dementia. The care providers involved will need to sign up to the Dementia Care and Support Compact, which commits them to providing first rate care and support for people with dementia and their families.

Research by The Kings Fund demonstrates that good design can help with the management of dementia. People with dementia are calmer and less likely to get lost or become distressed in an environment designed with their needs in mind.

Organisations that bid successfully for money will be able to adapt care homes and hospitals using design principles tested in The King's Fund pilots. Specially designed rooms and spaces could include features such as:

- hi-tech sensory rooms using lighting, smells and sound to stimulate people's senses
- large photos of local scenes from the past to prompt people's memories
- specially adapted outside space to prevent people from wandering, by helping them keep busy and active with activities such as gardening
- technology such as day/night clocks and controllable mood lighting to emulate day and night, which can help with sleep patterns, orientation and safe movement
- calming colours, non-reflective surfaces, large-print signs and the creation of zones to help people know where they are and find their way back to their rooms

Every project will involve people with dementia, their families and carers, to make sure the designs meet their needs. The projects will form part of a national pilot to showcase the best examples of dementia friendly care environments. The lessons learnt from the projects will advise local Health and Wellbeing Boards on how to create better environments for dementia care.

The criteria for applying for funding and the deadline for receipt of applications will be announced shortly. The successful projects will begin from April 2013.