

Caring for people; keeping people well

Shaping Our Future Wellbeing –
Developing the UHB's Clinical Services Strategy

Dementia Workshop
7th November 2014



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Bwrdd Iechyd Prifysgol
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Cardiff and Vale
University Health Board

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Agenda

- 12:00 **Welcome Service Users and Carers**
Introduction to the afternoon and each other
- 1:00pm **Welcome to Clinical Staff and Partners**
Director of Planning to welcome everyone to the workshop
- 1:20pm **Setting the Scene**
Dr Joe Grey, Consultant Geriatrician
- 1:40pm **What does it feel like to use the UHB's services?**
Service user story
- 2:00pm **What do the Clinical Services Principles mean to you?**
Attendees describe and discuss what the Principles mean to them
- 2:40pm **Coffee**
- 3:00pm **Working together, what could the services of the future look like?**
Putting the service user at the centre, attendees draw a service model of the future, considering the impact of technology and new ways of working
- 4:00pm **Sharing the service models developed by each table**
Attendees present and debate their service models of the future
- 4.45pm **Next Steps**

Introduction

- It was fantastic to welcome such a variety of people; service users, staff and 3rd sector partners, to our recent Shaping Our Future Wellbeing, Dementia Workshop.
- The aim of the afternoon was to begin to describe what, if we work together, dementia services of the future could look like. Ultimately, the output of the session will support the development of a Shaping Our Future Wellbeing – Clinical Services Strategy for Cardiff and Vale University Health Board.
- Having had the scene set by Abigail Harris, Director of Planning and Dr Joe Grey, Consultant Geriatrician, the session really began to build momentum as those in the room who have experienced our Dementia Services described their journeys.
- This report, the presentations from the day and the storyboards generated during participants discussions, will shortly be available on-line. The website will also provide an insight into the breadth of engagement work underway and track progress through to the publishing of Shaping Our Future Wellbeing – Clinical Services Strategy in September 2015.



Rachel Rayment

Clinical Lead, Shaping Our Future Wellbeing

Why are we here today?

We are working on **getting our house in order** but we need to build a new house for the future

The challenges we face aren't going away

- Demographic changes
- Epidemiology
- Financial climate
- Workforce
- Changes in clinical practices
- Innovation



How will we
Care for people and keep them well ?



Dementia Services



Outcomes that matter to People

Prevention

Planned Care

Unplanned Care

End of Life Care

Dementia

Prevention

Planned Care

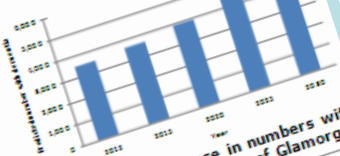
Unplanned Care

End of Life Care

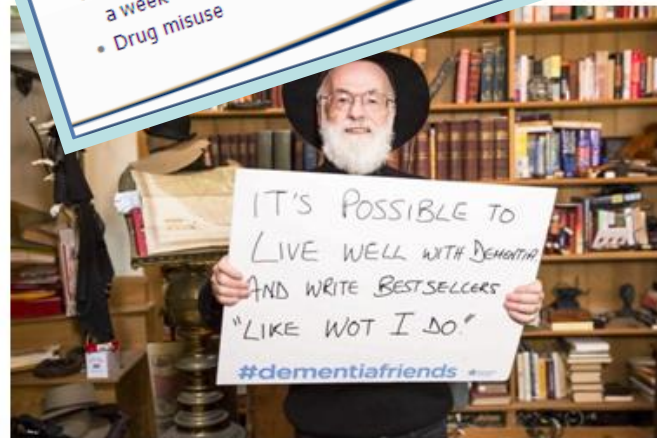
- Dementia is linked to the way we live - the challenges facing C&V are:

- Obesity, 20% adults, 10% children
- Smoking, 22% population smoke
- Alcohol, 44% drink over daily allowance
- Physical activity, 26% active on 5 days a week
- Drug misuse

Predicted increase in numbers with dementia in Cardiff



Predicted increase in numbers with dementia in Vale of Glamorgan



Dementia Plan themes

- Making structural changes to economic, cultural and environmental conditions
- Improving infrastructure and access to services for all
- Strengthening community

Dementia

Prevention

Planned Care

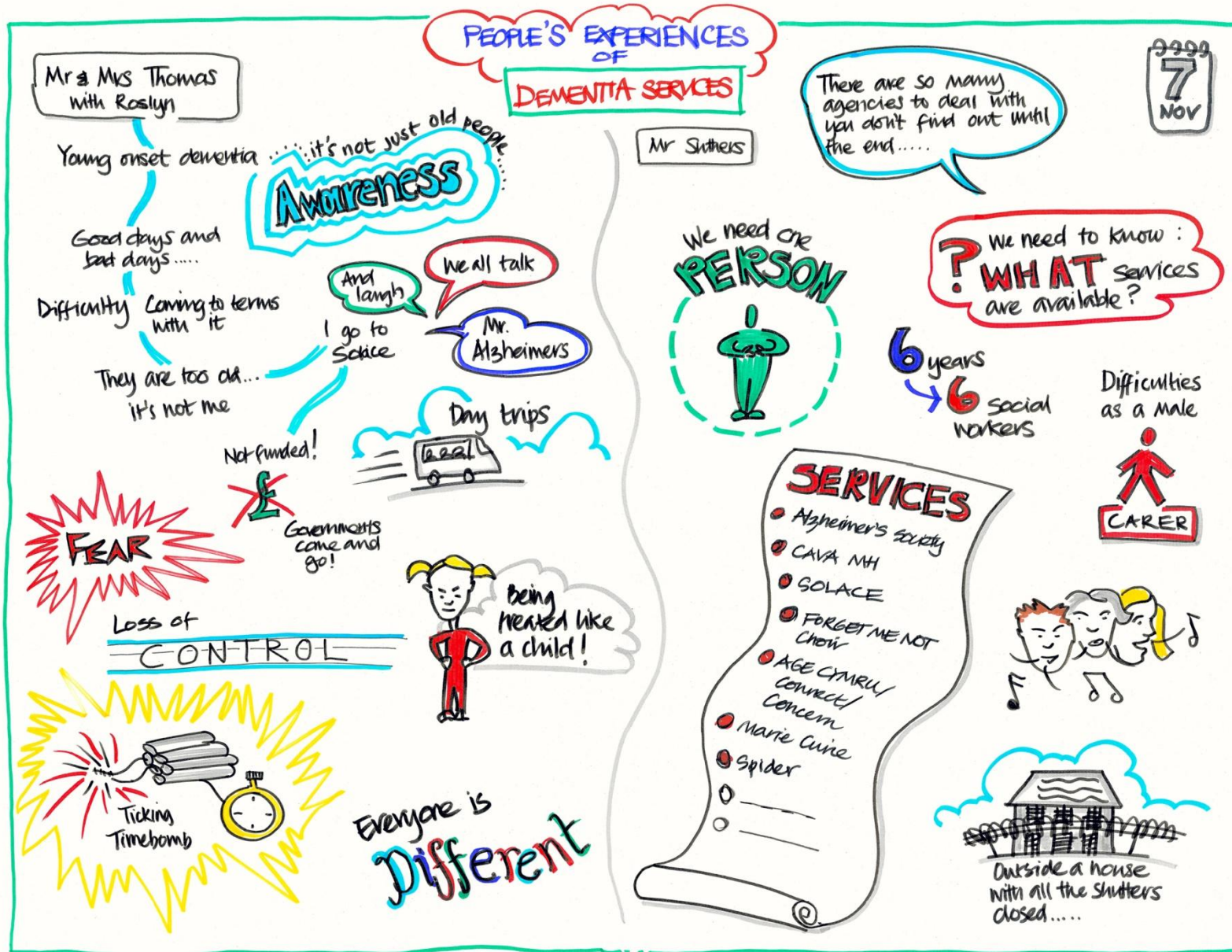
Unplanned Care

End of Life Care

Outcomes that matter to People



Service User Experiences



Clinical Services Principles



What do the Clinical Services Principles mean to you?



A wordle 'word cloud' generated using the words most frequently identified on the participants post-its.

Participant Feedback

- Promoting choice and individuality.
- Allowing people to fulfil their aspirations regardless of dementia.
- Help promote confidence and self respect and make the most out of life.
- Doctors more aware of dementia and referring people for testing.
- Education for community, staff and patient/family.
- Combat stigma and discrimination.
- Putting the person in the centre. To be able to challenge the perceived norm.
- Advanced care planning.
- Prevention of dementia – adopting healthy behaviours because you feel motivated to do so.
- Identified named nurse or support worker.
- Helpline for carers.



Participant Feedback

- I would expect to stay at home if I had dementia but would need community support too.
- A way to live life positively and as normal as possible.
- I don't want my family to feel indebted or guilty.
- Feeling "at home", a relaxed, comfortable, loving atmosphere. Have my things around me. Reassurance.
- People feel safe at home and services should be supported to maintain this safety.
- Sometimes home is not the right place for care e.g. if the person with dementia develops a problem that needs them to go to hospital.
- Identified key coordinator (health and social services do not communicate with each other).
- Resources needed to support person and carer at home.
- Care plan available to person, carer and staff in all services.
- Better communication between primary and secondary care sectors to enable person to remain at home.
- Close to community and family.



Participant Feedback

- Join up social services and NHS support.
- Being aware of services available/effective signposting.
- Dementia awareness workshops to educate other tenants/family/staff (Alzheimer's and Solace courses).
- A named key dementia support worker to support through the journey with easy point of contact e.g. resource centre.
- Carers involved in planning for end of life.
- Hospital liaison with Alzheimer's society creating a pathway to support.
- Being able to see a specialist quickly to get diagnosis right at earliest possible stage.
- Greater exposure to people with dementia in health and clinical staff training.
- Beware of a person's personal dignity.
- Someone to make sure medication is managed correctly (in pharmacy, GP and hospital).
- Maintaining my physical health as best as possible.
- Memory clinics better resourced.



Participant Feedback

- Harm means don't over treat.
- Better use of resources e.g. Use of volunteers.
- Equity across all ages, regardless of where you live.
- All staff trained to have a minimum understanding of dementia/confusion.
- Avoid variation in experience, signpost support available.
- Provide intervention that is requested and needed.
- Improving community hospital interface.
- Pharmacy support for prescribing teams in relation to medicines management.
- Avoid unnecessary duplication.
- Need for dementia diagnosis (the label) should not be a barrier to involve appropriate services.
- Resources equal not just money. (Time, space, volunteer capacity).
- A lot of money is wasted e.g. inappropriate referrals or DNAs.
- Loss of independence because right support isn't available.



Participant Feedback

- Joint decision making and design. Listening to service users and responding.
- Meeting of all disciplines concerned with sufferers.
- Every person and family has the same access to support and information.
- To ensure fast tracking in early stages to avoid further deterioration.
- All providers and users need to know what's available and be able to access services.
- Developing information sharing and service user knowledge, for example training.
- Honesty and transparency about what is and isn't possible.
- Information in places most often used e.g. supermarkets, GP surgeries and schools.
- A named point of contact for the person and family throughout the journey.
- Individualised service designed around the user.
- Users need help financing services.

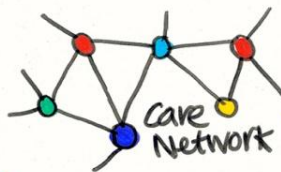




PROMOTE EQUITY BETWEEN THE PEOPLE WHO USE AND PROVIDE SERVICES

For everyone:

ACCESS



RESPECT and self-respect



EMPOWER THE PERSON

7 NOV

Tackling stigma

DEMENTIA

FEEDBACK

WHAT DO THE CLINICAL SERVICES PRINCIPLES MEAN TO YOU?

Education of service providers

Expertise in the area for all providers

EMPOWER
JOINT
Decisions

AVOID HARM, WASTE AND VARIATION

Improving community & hospital interface e.g. A+E

Resources where they are most needed
Not just money!



Equity across different areas

Training e.g. awareness of volunteer services



Dignity

Training and Awareness ... not just for staff ... community, across different services



Safety



HOME FIRST



Understanding

Put the person at the centre

Knowing where your things are.

What does home mean?



Comfortable & secure

Different information & support at different stages



Isolation

Explaining to patients



When should we do a care plan?
NOW - Before we get sick!



OUTCOMES THAT MATTER TO PEOPLE

Early and timely diagnosis



Less onerous for carer or patient



Future Services

People

- A different level of engagement with our communities
- Patients as the experts



"The patient is the most undervalued resource in medicine"

1970s -1980s



NOW

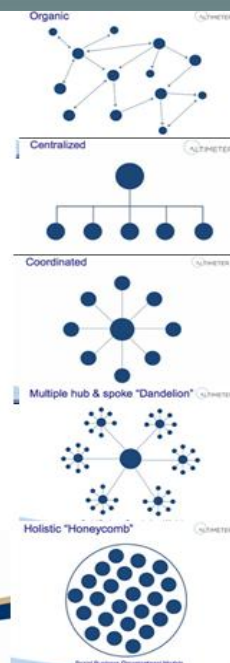
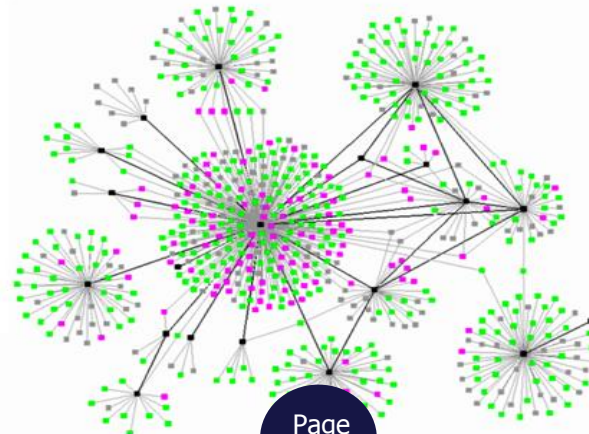


Technology and Communication



New Ways of Working

- Networks/Alliances and Partnerships
- New Flexible Roles



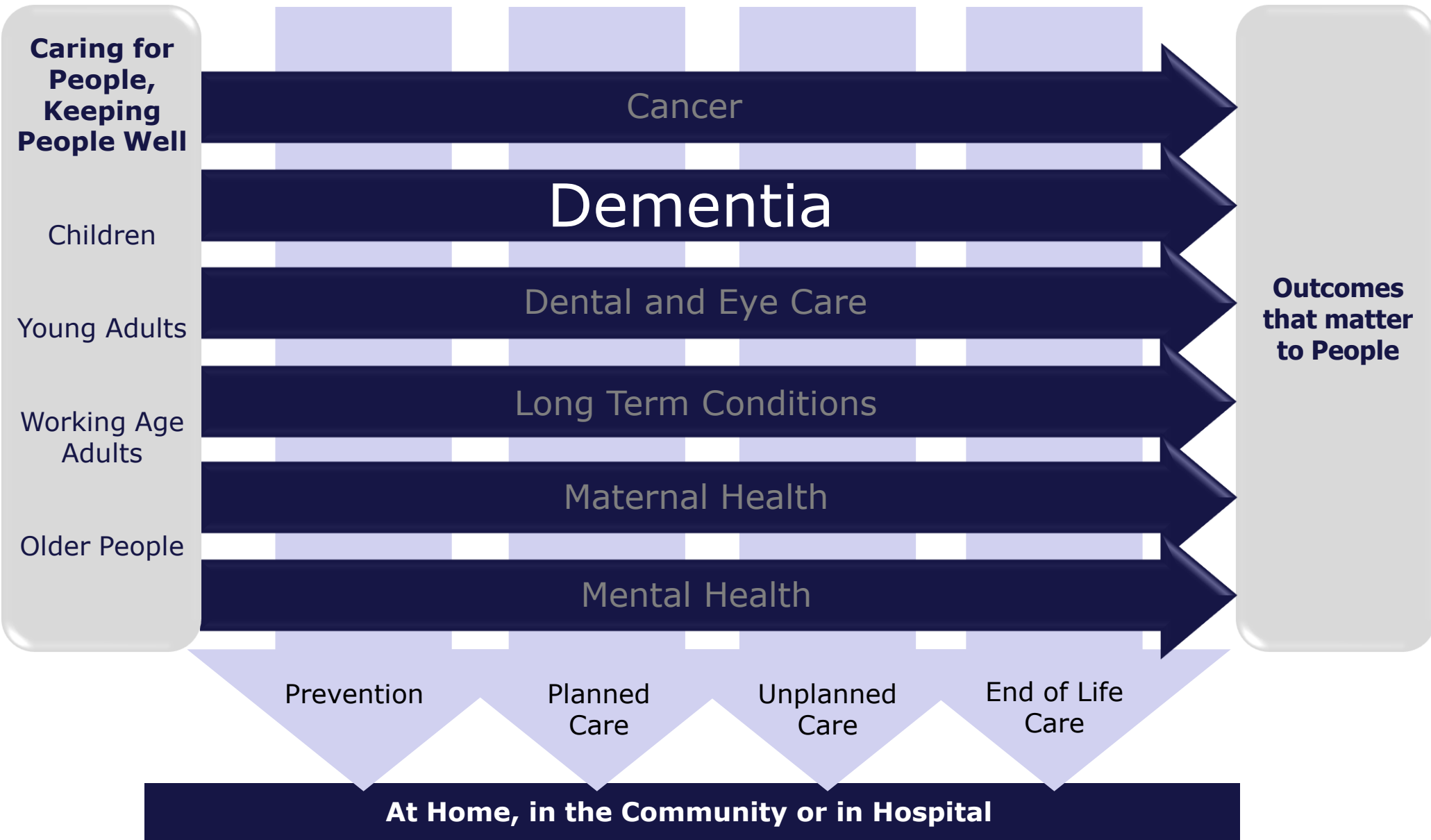
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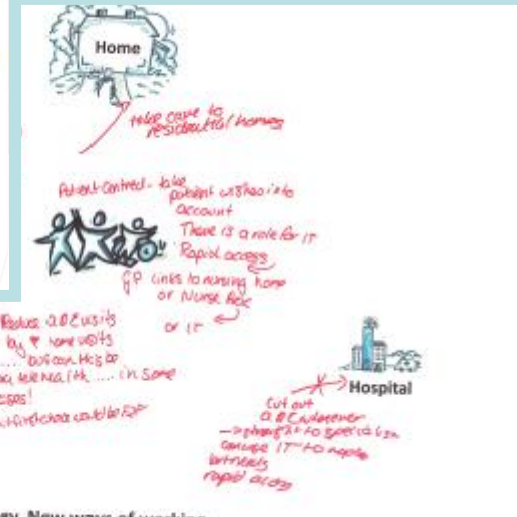
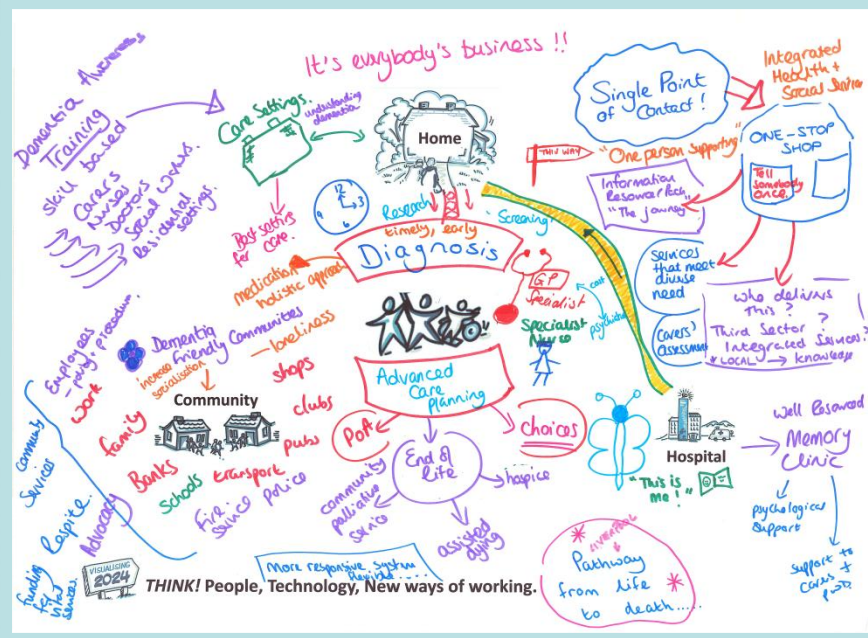
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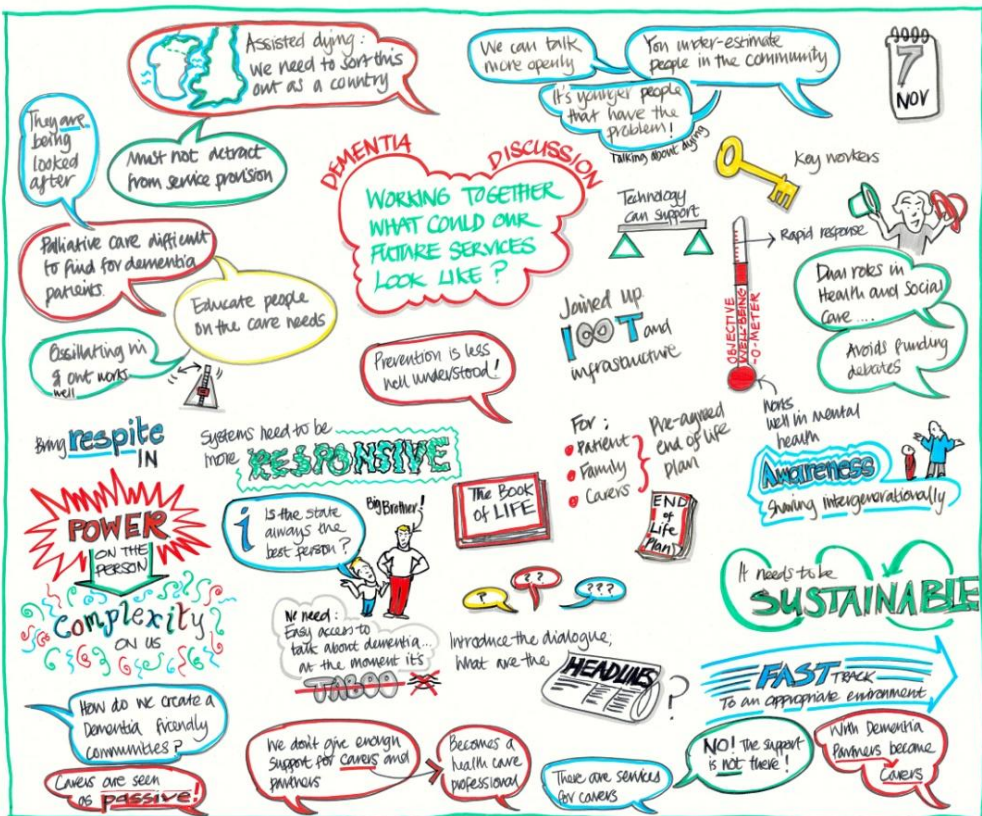
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Clinical Services Framework

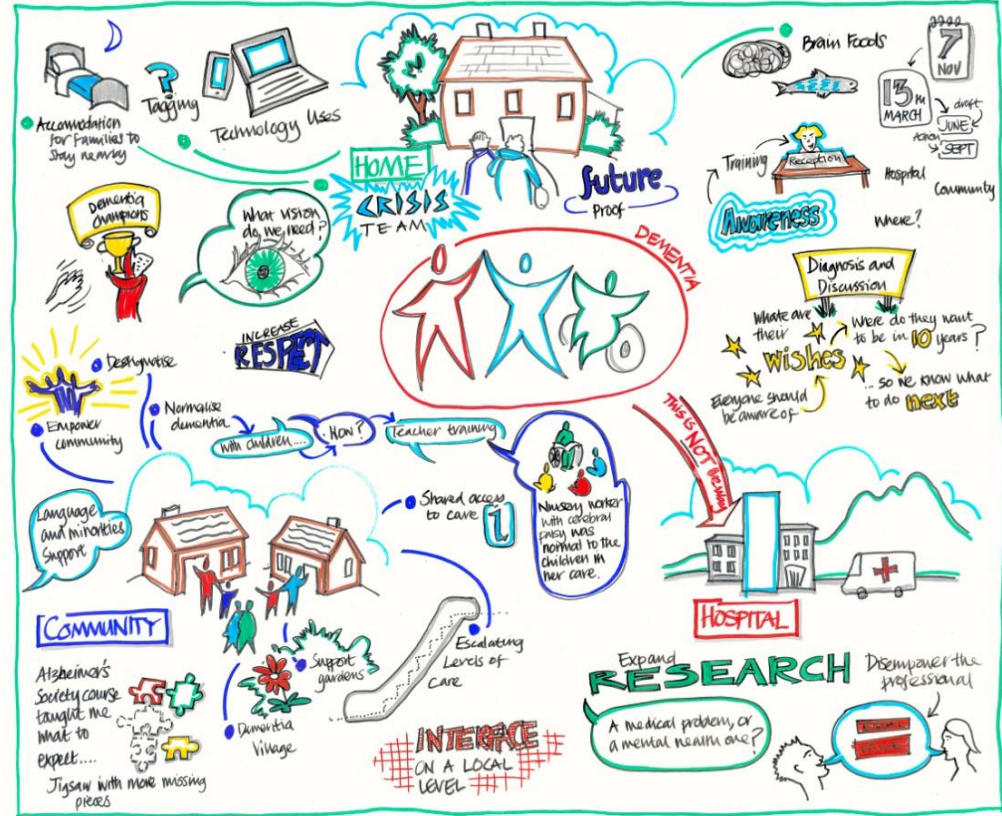


Working together, what could the services of the future look like?





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Next Steps

- Within the month, provide **you** with the **output of today's workshop** ✓
- **Refine** the workshop output through **key interest groups**
- At the **Feb Clinical Senate**, and at **Feedback Session 13th March** provided combined feedback on all the workshops
- **Engage** on a draft Clinical Service Strategy document
- **UHB Board** approve Clinical Service Strategy **September 2015**