





### Keep Safe, Stay Well & Remain Independent

NHS Windsor, Ascot and Maidenhead Clinical Commissioning Group (WAM CCG) has initiated a Keep Safe, Stay Well and Remain Independent campaign which aims to provide support for older people living in sheltered retirement homes to improve their health and wellbeing, through a tailored, person-centric activity-focused environment, not a one-size-fits-all approach.

Maudsley House & George Herring is a sheltered retirement housing complex with 71 residents aged 49-96 (with an average age of 76). It was selected as the focus for the project as analysis had shown a high number of ambulance callouts, visits by district nurses, non-elective (NEL) admissions and readmissions to hospital. In addition there is a strong correlation between the (potentially complex) needs of the older residents with a number of Better Care Fund themes: independence planning with domiciliary care support; falls prevention; assistive technology; dementia; prevention & self-care; community based health & social care services, multi-drug therapy (MDT); third sector engagement, signposting & use of resources.

#### Tasks

The COG tested new approaches with a range of residents and used the findings to identify opportunities to improve:

- Participation in activities
- Care quality
- Potential efficiencies.

Initial consultations with residents through regular meeting & coffee mornings identified specific interests and concerns. Trial activities included:

- Communal hot lunches (popular monthly)
- Awareness/information sessions on dementia and falls
- 'Athlefit' restricted mobility exercise trial sessions
- Beautician nail service:
- Spring cleaning & odd job support

These events were promoted internally within the residential homes by door-to-door knocking in advance of talks, a personable approach which the residents responded very positively to.

## Execution

The project was delivered in partnership between public and private sector parties including Housing Solutions NHS/CCG/The Royal Borough of Windsor and Maidenhead local authority and CareWatch with external project management and third sector engagement support from social enterprise: Our Community Enterprise. Following the launch the six main representatives met every six weeks to review progress and share learning.

The approach was for the representatives from each organisation to explore options to address concerns and to develop and implement new approaches in short (three month) phases; to assess the effectiveness of activities & changes and to collectively identify the lessons learned and disseminate key learning opportunities through each partner organisation and beyond to their wider networks.

At the end of each phase the opportunities for learning and to refocus for the next phase were reviewed collectively and the priorities agreed for next phase. This included expanding the project beyond Maudsley House and working with Radian as well as Housing Solutions.

For further details please contact:

NHS Windsor, Ascot and Maidenhead Clinical Commissioning Group, Marianne Hiley. Better Care Fund Programme Manager T: 07766 367 472 Email: Marianne.hiley@nhs.net





#### Outcomes

Ambulance callouts /NEL admissions – the most frequent reason for callouts and NEL admissions was identified as falls related. In late August the CCG undertook an intensive and well received campaign with the residents involving the local RBWM falls prevention team, district nurses, OT and physios. This included joint education and training sessions with the residents as well as one to one home visits. The CCG has not yet seen an immediate impact on the NEL admission data to Month five 16/17 but it is early days.

Visits by district nurses – close liaison by one lead district nurse (DN), working with the GP practices with whom the Maudsley House patients were registered, highlighted opportunities for some patients to receive care from practice nurses, rather than visiting DNs. This was done on a case by case review basis. The associated reduction in demand meant that the option to run a DN regular clinic at the site was no longer valid or needed.

# Readmissions to hospital within 7 days – There were two areas of progress on this:

A review of all Maudsley house residents referred to the support and rehabilitation team (STSR) at RBWM found that none of the residents returned to hospital within 91 days (part of the Better Care Fund metric measurement and analysis) and none have been admitted to long term care home placements.

The Maudsley programme identified a number of social care issues that, if left unchecked, could lead to a NEL admission. Loneliness and self-neglect were particular examples. In response the CCG linked two initiatives:

All WAM CCG GP practices are currently reviewing their "frequent flyer" patients (3+ NEL admissions within 6 months) – Maudsley House residents who are identified through this mechanism will be automatically flagged to social care services for additional contact and support. This is part of the joint Each Step Together programme which is the RBWM transformation programme for social services. Again this programme was only piloted in one practice in July/August and the impact on the Maudsley residents will be monitored as the rollout continues over the next 2 months.

#### **CCG** Learning

- Value of person centric activity linked to wide living environment not one size fits all.
- Repetition and forward planning regular events keep residents interested and more inclined to participate in new things. It takes time to establish new routines.
- Small interventions value of independence plans even for those needing significant daily living support.
- Wide ranging initiatives- that deliver different added value for different people (falls prevention/door knocking)