

Thematic Priority Update - July 2019

Purpose of paper

To provide the Board with a general update on our thematic priorities and associated project work, for information and discussion.

Care at Home - do people receiving care at home have a voice?

Where we are	The report is now complete: at the time of writing an initial version is on our website, and by the Board meeting the final print-ready version will be live. Communications are being planned for late July/early August.
What next	<p>A draft executive summary and recommendations have been shared informally with some Surrey County Council Commissioning staff, and we will be presenting the findings to the SCC Home Based Care forum in early August.</p> <p>We will be soliciting formal feedback to the recommendations from SCC, but we will also send hard copies of the report to care agencies within SCC's tender system (i.e. care agencies delivering funded personal care for SCC). These copies will be accompanied by a feedback form/link to survey monkey to collect responses for an outcome report in Q2.</p> <p>We are considering creating a short video of the report. A key theme is the value of paid care workers as the eyes and ears of the system: they are the ones who really understand what their clients want and need, but their insight is not always formally recognised by their employers, and they themselves don't always feel empowered to influence their clients' care. A video might be an accessible way for care agencies to share and discuss the report findings with their care workers in team meetings</p>
Challenges and learnings	<p>The most fundamental challenges we've faced in this project have been:</p> <ul style="list-style-type: none"> - Mid-project redesign to include paid care workers in the sample. The original plan was to interview care agency managers and then people receiving care at home. While examining the regulatory requirements and interviewing managers it became clear we needed to talk to paid care workers too. - Difficulty in finding people to interview. It was important that all paid care workers and people using care were recruited independently (we did not want to ask care agencies to put interviewees forwards). We used social

	<p>media combined with commercial paid recruitment to find care workers: this was successful but slower than we'd expected. Recruitment of people receiving care at home was very challenging and slow: social media was always going to be less successful and commercial recruitment drew a complete blank. It took considerably longer than we'd expected to reach a viable sample of interviewees.</p> <ul style="list-style-type: none"> - Research officer unexpectedly out of the office for 5+ weeks on jury service
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Care Homes - the experience of advance care planning in care homes across Surrey

Project Inspiration	<p>Earlier this year we were asked by the clinical director of a CCG if we had any insight into the experience of people who have advance care plans in place.</p> <p><i>“we know that advance care plans (along with other measures) work for us: our emergency hospital admissions have plummeted along with the associated costs. But are we getting it right for people?”</i> (paraphrased, not a verbatim quote)</p>
About advance care planning	<p>Advance care plans are records of decisions made about possible future medical needs, for those who might be in the last year of their life or who have a terminal diagnosis. They are advisory documents, not legally binding and are made in discussion between people (or their families for those lacking capacity) and their healthcare professionals.</p> <p>They are put in place primarily to help in emergency situations when healthcare professionals who do not know the person have to make quick decisions about treatment.</p> <p>There are many different forms of advance care planning documentation ranging from the very simple DNACPR to extensive plans including pets and spiritual needs, but at the heart of them all is the tension between sustaining life and comfort.</p> <p>Advance care plans should benefit both people and the system</p> <ul style="list-style-type: none"> - Person-centred care: people are able to make informed choices about the kind of treatment they do and don't want in the future, and have those wishes respected - Efficiencies: medical treatment focussed where it is wanted; reduction in inappropriate emergency hospital admissions
Why care homes?	<p>The request from East Surrey CCG focussed on people moving into care homes: this is a key moment for advance care plans to</p>

	<p>be put into place. Anyone moving into care is likely to be at risk of deterioration in their health, and care homes are a very efficient audience for CCGs wishing to improve advance care planning provision.</p>
System interest	<p>We contacted other Surrey CCGs: we discovered a wide variation in quantity and depth of advance care plan processes. G&W have a very established and successful programme, others are just introducing their own programmes, some have no programme at all. However, everyone we spoke to was keen to develop advance care planning in their CCG and was interested in the idea of our project. End of life care and good deaths are also a key focus for the Surrey Health and Wellbeing Board.</p>
Project Status	<p>Over the next two months we will be visiting 15 care homes across Surrey, spread across the different CCGs. In each of these we will talk to residents or their families who have advance care plans in place about how those plans came to be, how they felt about making those decisions, and how they feel having those plans in place.</p> <p>Visits and interviews will be carried out by Healthwatch Surrey staff and volunteers.</p> <p>So far we have contacted 5 care homes under the power of Enter and View - all have been very welcoming and see no problem in accommodating us and finding families/residents for us to talk to. We have completed one care home visit and spoken to three families; we've also talked to staff who have to refer to advance care plans, and to the home manager. We are revising our questionnaires, have three more homes in the diary, and expect to report in September 2019.</p>
Challenges	<p>We expect it will be challenging to find residents/families to talk to in those CCGs where there is no externally-driven programme of advance care planning in care homes, but our aim is to talk to people who have lived the experience so an even spread across CCGs is not crucial.</p>

Mental Health

Gathering Inspiration	<p>We are currently gathering ideas for our next Mental Health project, which will run in Q3</p> <p>We are</p> <ul style="list-style-type: none"> - Discussing needs with commissioners and providers - Listening to the wider system's concerns - Examining experiences we've received - Reviewing projects undertaken by other local Healthwatch
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Next Steps	Shortly we will draw up a longlist of ideas for discussion among the senior team. These will be ranked using our established method that takes into account our mission, detriment, system interest and viability
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