



Outcomes and impact on individuals, who have been supported through Integrated Neighbourhood Working.

1. In the last 12 months over 400 individuals have been supported by Integrated Neighbourhood 'core' teams across Lincolnshire. This has led to a multi professional assessment and care planning approach which has resulted in a reduction of hand overs and referrals to other services and teams, streamlining the experience for individuals.
2. Integrated Neighbourhood Working has opened up new opportunities for individuals to access different services and community assets, through the development of care navigation in Gainsborough for example but also through professionals being solution focused and working together.
3. 100 people supported through the Social Prescribing pilot in Gainsborough since June 2017 who previously would have accessed health services.
4. 76 residents in care homes have been supported to have a full comprehensive geriatric assessment and advanced care plan completed including escalation plans.
5. Individuals have been supported to remain at home through a joined up approach to assessment and care planning.
6. Staff are starting to have a 'different conversation' with people and recognising the importance of 'what matters' to the individual is more important in some case than 'what's the matter with them.'
7. Working with the voluntary sector organisations has identified gaps in services for example; a lack of support for individuals with diabetes in Gainsborough – within 3 weeks diabetes themed café and activities was up and running in John Coupland Hospital – now looking to establish diabetes support group.

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Gainsborough Neighbourhood Team - Making A Difference Case Study

Personalised Support Care Planning From A Community Hospital

Ward Perspective 1

Person:

46 year old lady who was about to be discharged to a nursing home. Whilst this lady was an inpatient she had fluctuating capacity and had a mental capacity assessment. She was deemed to have mental capacity and was seen by the mental health nurse and was thought to have some background psychiatric condition that would require further investigation. The care of this lady was challenging to the staff as she would shout and swear at the staff when they were delivering care, particularly around moving and handling. She was always apologetic afterwards, but this did have an impact on the staff where they often felt inadequate to care for this lady in the right way. Some staff managed better than others with delivering personal care.

Actions:

- When the decision was made at a DST meeting with the patient and family for her to go into a nursing home the personalised care and support plan was used to confirm that she understood the proposed plan of care and that it was what she wanted.
- On the one page summary she was unable to say what people appreciated about her as her self-esteem was very low. She did however identify that what was important to her was to be able to make rugs. As this lady had MS she was unable to do some of the things she had previously enjoyed such as drawing and colouring as fine motor movements were difficult for her, but she was still able to make rugs which she gained pleasure from. The lady also said that she really enjoyed listening to "Adele" and this helped calm her down.

Outcomes:

- Had we had the personalised support plan available on admission then the patient experience and the staff experience of caring for the patient would have been improved. Had we known that rug making was important to her, then we could have facilitated her being able to do this whilst on the ward, this would have given her some purpose and would have demonstrated that the patient had skills and would have stimulated conversation around her abilities as whilst on the ward she was very focused on what she could not do and was very frustrated at times. Adult colouring books had been provided as this was an identified interest, but she became upset when she could not keep within the lines of the pictures. An mp3 player/personal music player could have been used to help keep the lady calm whilst moving and handling the patient.
- Completion of the one page summary on admission would have given details such as
 - I get frightened when I am moved as I am scared I will fall
 - Please talk to me in a calm way and forgive me if I shout and swear as I do not mean it.
 - Please rest your hand on my back as I am moved so I can feel something behind me.
 - When I am distressed I would like to listen to music and Adele is my favourite.

Impacts/What Is Different?

- These small things would have made a difference and are not difficult to do; it demonstrates the person and these things are not picked up by the usual assessments that are health based.

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