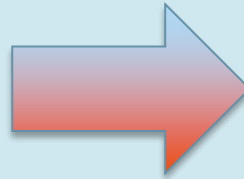


Connecting Care Homes

We narrowed our problem statement to focus on a specific user journey in the relationship between care homes and health and social care services.

How might we digitally integrate care homes into the Health and Care system to ensure personalised, joined up care with improved outcomes for older people?



How might we improve the experience for individuals living in care homes, their family, and for staff, when an emergency transfer from a care home to hospital takes place?





People living in care homes and their families

- I will get the right help at the right time and will only go to hospital when it's necessary.
- We will know that our loved one will receive the right support.



People working in care homes

- I will have the knowledge, skills, information, tools and confidence to deal with urgent health issues effectively.



People working in primary care services

- I will have more capacity as less people will be admitted to hospital when this is not needed.



Leeds City Council

- We will be assured that residential and nursing homes across Leeds are delivering high quality care for their residents.

What difference
do we think
resolving this
would make



What have we been doing?



Horizon Scanning to avoid duplication and to consider what else we need to know, like a digital audit.

Journey Mapping helped us narrow our focus and identify pain points



- We've sorted the IG
- We've sent out a plea to all independent care homes through our Care Quality Team to engage with us
- We've got our conversation prompts ready
- We've drafted a digital audit questionnaire
- We've got two independent care home organisations and one of our LCC delivered care homes and recovery hubs lined up
- We've realised that we need additional resource help us (not do it for us!) so we are taking steps to arrange this with mhabitat



Pain Points	Staff aren't trained to understand what relevant process is		Relevant information not easily available	Staff may not have the confidence to make the decision	Patient is waiting a long time	Family insists on accompanying resident to hospital but can't arrange at short notice
	Process doesn't exist		Access to relevant systems limited to a small number of staff	Staff cannot access relevant information to make an informed decision	Care home staff can't access printers to print handover documentation	Paramedic won't sign for clinical documentation during handover because of IG issues.
	Process isn't easily available			Staff default to 'safest' option, i.e. ring 999 (obviously correct in this instance)		Different mechanisms for each ??? time. Doesn't always happen
	Processes vary home to home and contract staff not aware of variation			How do staff know what information will be needed on the call?		
				Staff feel like they need to 'cover their backs' when making decisions.		



Opportunities

- There are multiple pain points from just one user journey perspective which gives plenty to work on!
- The need to better share information lends itself to digital solutions to enable that.
- The need to access information quickly and easily and in a simple format that can be understood by everyone also compliments a digital solution.
- There is an opportunity to really hear what would improve this journey from a user-centred perspective, and what barriers currently exist.
- There is a wealth of knowledge and expertise out there that we can learn from!



Insights so far...

- There is a need for access to the right information, at the right time, for the people who need it
- The people who need it may not currently have the right level of skills, tools, or access to that information
- Confidence levels for the people to act on that information is varied, and there is a very risk averse culture surrounding the user journey
- There is a gap in understanding this journey from the care home residents and families perspective
- Existing solutions show variation in their application across different user groups



What are our next steps?



Getting out there are doing our user research. Talking to people about their lived experience of this user journey.

We are planning on doing this through;

- One to one conversations
- Workshops at care home venues
- Sessions with staff in primary care services
- Continuing with our horizon scanning and gathering of existing data and learning.
- Digital Audit questionnaire

We will then start to make sense of what we have learnt, identify user needs and then start thinking about possible solutions that could meet those needs.

