A Multi Agency Prevention Platform (MAPP)
Delivering Integrated, Person-Centred Care

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Overview

- Use of technology in care – remote support
- Service examples
- Qualitative and Quantitative Impact
- Service reconfiguration
- Evidence and assessment and an approach to evolving person-centred, integrated services
Service Examples

- Learning Disabilities
- Virtual Visiting
- Medication Compliance
- Sensory Impairment
Impact – LD Project

Qualitative Impact
“I have been very surprised and you did prove me wrong. I know in the beginning I felt that you were putting these boys at risk, however this technology has given them some independence back and allowed them to do tasks I felt they couldn’t do. I am so proud of them both and I think it has been fantastic for them”

Quantitative Impact
• Of 60 cases considered 33 were re-assessed and considered appropriate for change as part of the project.
• Total savings against budgets for 33 cases over a period of twelve months:
• £514,880.08
Service Reconfiguration
High level model

Community Offer

- Advice & Information
- Signposting
- Prevention
- Low Level Support

Independent Living Team

- Advice & Information
- Signposting
- Prevention
- Low Level Support
- Reablement
- Short Term Support

Community / Specialist Team

- Professional Advice & Information / Signposting
- Professional Prevention / Reablement
- Assessment and Care Management
- Safeguarding Intervention
- Social Work Intervention
  - Person Centred Planning
  - Risk Management
  - Crisis Management
  - Solution Focused Court / Legal Work
The Community Offer…

• supports the transfer of resources to prevention under the Better Care Fund, through delivering six pilot schemes across Sandwell.

• Each scheme will involve voluntary and community organisations addressing a range of support needs for people in the community before they require formal health and social care services, thus reducing demand on these formal services.

• Schemes will commence from October 2014 and be evaluated after 12 months.
Key features

- A collaborative venture between voluntary organisations
- A community-based service
- Signposting to statutory and non-statutory services
- Promoting the community network
- Amplifying existing voluntary and community services
- Promoting and supporting new services
- Promoting active citizenship
Examples of activities that will be promoted

- Support for carers;
- Delivery of advice for people vulnerable to cold weather episodes;
- Practical advice and support to reduce the likelihood of slips, trips and falls;
- ‘Friends and Neighbours’ style services designed to address social isolation;
- Helping people to access flu vaccinations
- Signposting to other preventative and lifestyle services e.g. smoking cessation, weight loss
Community Offer outcomes

- A reduction in hospital admissions
- A reduction in admissions to residential and nursing care homes
- A reduction in injuries due to falls in people aged 65 and over
- An increase in population vaccination coverage
- An increase in the proportion of older people who remain at home after discharge from hospital
- A reduction in delayed transfers of care from hospital,
- An increase in the diagnosis rate for people with dementia
- A reduction in Adult Social Care referrals
- Reduction in non-attendance at hospital and GP appointments
- An increase in the overall satisfaction of people who use services with their care and support
Independent Living Team

Hospital Team
Safeguarding Team
Transitions Team
Mental Health Team
Community Team

Customer
ASSIST
Co-ordinator
IL1 Assessor

Community Offer
Prevention
Reablemen
Short Term
Crisis
Evidence Generation and Assessment

• Requires a new approach to evidence generation accepting of complexity and networks of support
• Requires an action research approach to service evolution
• Integration and person-centred care needs a collaborative, multi-agency approach
Conclusions

• Beginning of a long road of integrating and shaping person-centred approaches to service design
• Underpinned by technology but not technology-centric
• Multi-agency and collaborative
• Focused on prevention not reaction
• New mode of evidence generation based on outcomes in support of commissioning