

Developing an integrated health and care pathway supported by volunteers and community groups

Mark Lever
CEO Helpforce


The challenges we face



Waiting
lists



Discharge

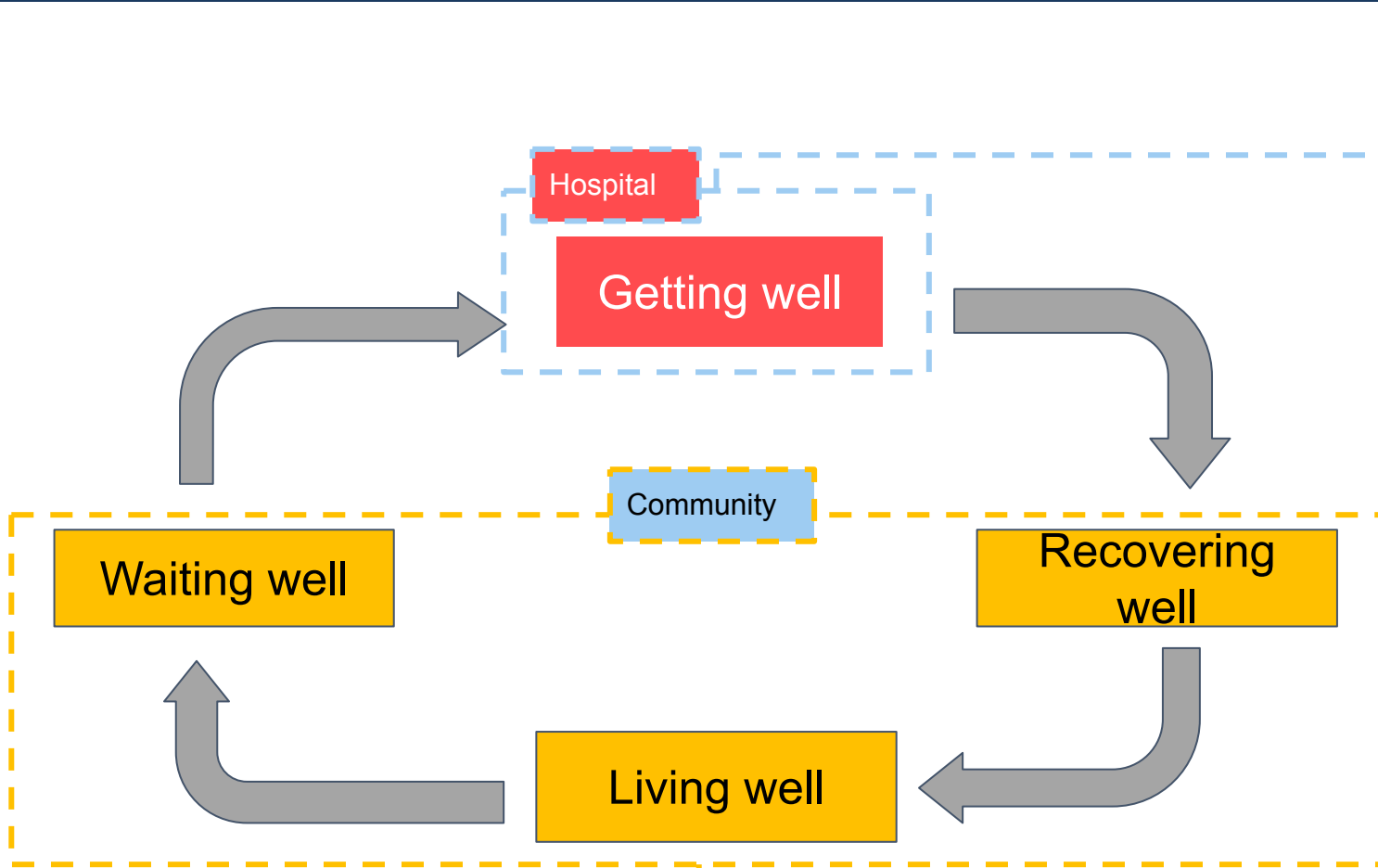


Support
at home

The opportunity

How can we build on community response to covid?

Back to Health; An integrated patient pathway



Developing hospital role as an anchor organisation

Reaching beyond our hospital walls to support people before they come to hospital and after they leave hospital.

Creating compassionate communities

We have successfully worked with volunteers within our hospital walls. We will now work with others (statutory and voluntary sector) to collaborate around volunteering in our priority neighbourhoods to:

- Improve health and wellbeing
- Reduce pressure on services
- Create valuable and fulfilling roles for volunteers
- Strengthen existing community volunteering capacity and capability

- Improve health and wellbeing
- Reduce pressure on services
- Create valuable and fulfilling roles for volunteers



Back to Health : Volunteer Support Service

This will involve providing a 5 step pathway of voluntary support

1

Comfort calls

Calls to patients waiting for appointments/ treatment/ surgery

- Providing reassurance and information for patients waiting for appointments/ treatment/ surgery
- Ensuring appointments are kept
- Identifying the most vulnerable patients and early warning signs of deterioration in health whilst waiting

2

Pre hospital support

Helping patients at home to prepare for appointment/ treatment/surgery

- Helping connect people with services in their community
- Providing practical support to help maintain and improve mobility, diet, lifestyle, mental health to ensure patients are in optimal health prior to surgery

Back to Health : Volunteer Support Service

3

Accessibility support

Helping patients to access telephone/ virtual appointments and remote support tools

- Increasing equality of access to services
- Ensuring appointments and consultations are kept
- Preparing patients for hospital appointments

4

Support for returning home

In patient discharge support to help supporting patients to recover so that they might return home as soon as possible

- Providing support with nutrition hydration and mobility in hospital
- Understanding what support the patient may need on return to home
- Helping the patient through the discharge process including getting their medication, organising transport home and support settling back in at home

5

Help At Home

To help reduce chance of readmissions and attendance at emergency departments

- Calling patients at home to ensure they are okay and to identify support needs
- Signposting to community services
- Providing practical support

Data Analysis & Evaluation

Business analyst, waiting list data prepared for call centre inc. readmission data

Existing Hospital Resource/ Infrastructure

PALS - Receiving calls from;
Compassionate Community
Volunteering Space

Volunteer Training

Prevention, making every patient contact count through an approach of providing a wide range of prevention information, signposting,

Clinician Leadership

- Clinically agreed pre op questions
- Responding to waiting well intelligence

Community Engagement Officer

- Building relationships with hard to reach groups supporting access to health services, information and support and encouraging volunteering.

LIVING WELL

- Building and strengthening existing community volunteering capacity and capability
- Preventing ill health, making every contact count
- Tackling health inequalities



A couple of questions

What examples of working like this can you share?

Where you are already doing this what lessons have you learned?

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Thank you

www.helpforce.community