

Borders NHS Board



POYNDER VIEW REDESIGN (PILOT OF COMMUNITY RESOUR CENTRE/OUTREACH MODEL) – REPORT ON PUBLIC ENGAGEMENT & FEEDBACK EXERCISE

Aim

The aim of this paper is to provide members with an opportunity to review the report on the public engagement and feedback exercise with regards to the Poynder View redesign.

To approve the piloted service as a permanent service change for Eastern Borders.

Background

During June 2008 a window of opportunity arose, due to lower levels of Inpatient activity within Poynder View, to look at piloting for 12 months an innovative model in Eastern Borders, and test out a community based service. This new service was designed following discussions with Mental Health clinicians, Social Work services, and input from bodies such as Alzheimer Scotland, and was designed to more effectively meet the needs of patients and the community across this area.

Prior to this pilot Eastern Borders had no NHS day care/resource centre and limited outreach from Poynder View with the community team members in that area. There was a strong desire to shift the balance of care in terms of where the resource was utilised. A large amount of money was tied up in an in-patient resource with little intervention available for those who had an early onset of their dementia or were of a younger age.

Throughout the planning of this new pilot service model clinicians have been involved, supportive and engaged.

The pilot service began in January of 2009 and included a resource centre/ outreach service that supports early diagnosis and facilitates early intervention, assessment and treatment of dementia to help reduce unnecessary hospital admissions and enable individuals to remain at home for longer. The service also became a community wide resource providing specialist advice to primary care, day care providers, acute care and care homes.

The service evaluation was presented to the Board during November 2009 which outlined a number of positive outcomes had been achieved through the pilot of this new service model, these included:

- A flexible and responsive 7 day service
- A warm, welcoming and friendly community resource centre
- A very proactive and flexible service tailored to meet individual needs

- Carers advice and support available on a 1:1 and group basis
- Community based groups meeting the needs of people with Dementia in more distant parts of the community
- Co-location with Alzheimer's Scotland providing education, advice and support
- An increase in both referrals and contacts to the East Team, with a large majority of referrals coming from GPs
- The establishment of Cognitive Stimulation Therapy Groups
- An even more enthusiastic and highly motivated team, with a high level of job satisfaction for staff

Throughout the service pilot engagement with key stakeholders, including users, relatives, carers, Public Partnership Forum, GPs and Primary & Community Service staff, has taken place and the overall feedback has been very positive.

At the November Board meeting it was agreed to carry out a 6 week public engagement and feedback exercise. This exercise commenced on the 29th January 2010 and ran until the 12th March 2010.

The engagement and feedback exercise provided an opportunity to find out what the users, carers and public thought of the new service model, their experience with the service to date and to highlight and feedback any improvements that should be considered. The exercise was supported by the local Scottish Health Council and included a variety of ways in which feedback could be gathered. Drop-in sessions were held at Poynder View at various dates and times, and a number of focus groups were held. An information leaflet (appendix 1) was also produced and circulated across the Scottish Borders which included a feedback slip that members of the public could return with their feedback included.

The feedback received during this exercise has been extremely positive and is described within the attached paper.

Summary

A public Engagement and Feedback exercise, supported by the Scottish Health Council, was held over a 6 week period to engage with users, carers and members of the public about the service pilot at Poynder View in Kelso and ask for their comments and feedback. Drop-in sessions, focus groups and information leaflets were distributed.

Recommendation

The Board is asked to **approve** the piloted service as a permanent service change for Eastern Borders.

The Board is asked to **approve** the continued evolution and monitoring of the new community resource centre and outreach service.

Policy/Strategy Implications	The project is a workstream under the Continuous Improvement Project as part of the Strategic Change Programme and is consistent with a number of developed strategies.
Consultation	A three month engagement process took place across NHS Borders, including active liaison with the Press and Media prior to launching the pilot in 2008. A 6 week engagement and feedback exercise supported by the Scottish Health Council was undertaken during early 2010.
Consultation with Professional Committees	The Mental Welfare Commission carried out an independent audit of the pilot and found it to be an, 'example of exemplary service.'
Risk Assessment	A full risk assessment has been carried out as part of the project.
Compliance with Board Policy requirements on Equality and Diversity	An Equality Impact Assessment has been completed.
Resource/Staffing Implications	There are a small number of staff redeployments and staff role changes.

Approved by

Name	Designation	Name	Designation
Ralph Roberts	Director of Integrated Health Services	Isabel Swan	Lead Nurse

Author(s)

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**Poynder View
Mental Health, Older
Adults Services**

**Pilot of Community
Resource
Centre/Outreach Model
across Eastern Borders
for Dementia**

**Report on Public
Engagement and
Feedback Exercise**

April 2010

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Appendix 1 Information leaflet and feedback questions

1 Introduction

This report outlines the outcome of the Public Engagement and Feedback exercise on the Poynder View Service Pilot. The consultation ran from the 29th of January 2010 to the 12th of March 2010.

This paper:

- reports on the public engagement and feedback exercise;
- reports on the feedback that has been gathered through this process;
- describes the role the Scottish Health Council played in this exercise.
- outlines the recommendations

2 The Engagement & Feedback Exercise

2.1 Background

In July 2008 an opportunity arose to re-design and re-provide in-patient services at Poynder View Kelso for people with dementia, due to lower occupancy levels. The re-design of services would also contribute to organisational savings targets on a non recurring basis whilst maintaining and improving the integrity of service delivery.

Following discussions it was agreed to pilot an innovative community based Resource Centre/ Outreach service in the Eastern Borders. This community based service gave an opportunity to support the existing resources of primary care, community hospitals, nursing and residential home provision, homecare and link with Social Work dementia services.

Until January 2009 Poynder View in Kelso was an in-patient continuing care ward for people with moderate to advanced dementia with considerable difficult behaviors and or resistance to intervention at home or other care environments. The unit was run along social psychiatry lines as able, but was hampered from some choices by being on the first floor of Kelso hospital. Patients could not choose to go outside or for a walk or be involved in the garden without fairly major intervention. Despite these challenges staff within the unit were extremely dedicated to ensuring a good quality of life was enjoyed by those in their care.

Prior to this project Eastern Borders had no NHS day care/resource centre and limited outreach from Poynder View with the community team members in that area. There was as strong desire to shift the balance of care in terms of where resource was utilized. A large amount of money was tied up in an in-patient resource with little intervention available for those who had an early onset of their dementia or were of a younger age.

Throughout the planning of this new pilot service model clinicians have been involved, supportive and engaged.

The new service is one that creates a culture that embeds a shared belief in valuing and respecting older people, sustaining a positive attitude towards older people through respect, rights and choices, communication, relationships, health and well being, end of life care and dementia care.

The service evaluation was presented to the Board during November 2009 which outlined a number of positive outcomes had been achieved through the pilot of this new service model, these included:

- A flexible and responsive 7 day service
- A warm, welcoming and friendly community resource centre

- A very proactive and flexible service tailored to meet individual needs
- Carers advice and support available on a 1:1 and group basis
- Community based groups meeting the needs of people with Dementia in more distant parts of the community
- Co-location with Alzheimer's Scotland providing education, advice and support
- An increase in both referrals and contacts to the East Team, with a large majority of referrals coming from GPs
- The establishment of Cognitive Stimulation Therapy Groups
- An even more enthusiastic and highly motivated team, with a high level of job satisfaction for staff

Throughout the service pilot engagement with key stakeholders, including users, relatives, carers, Public Partnership Forum, GPs, Social Work and Primary & Community Service staff, has taken place and the overall feedback has been very positive.

2.2 The Consultation Process Overview

During the November Board it was agreed to carry out a 6 week public engagement and feedback exercise. This exercise commenced on the 29th January 2010 and ran until the 12th March 2010. The exercise was fully supported by the Scottish Health Council and the Scottish Government.

The engagement and feedback exercise provided an opportunity to find out what the users, carers and public thought of the new service model, their experience with the service to date and to highlight and feedback any improvements that should be considered.

2.3 Engagement & Feedback Opportunities

NHS Borders offered a number of opportunities to inform, engage and gather feedback from users, carers and the public as part of this process. These included:

- Users, carers and members of the public were invited to read a leaflet about the service changes at Ponder View and return a questionnaire attached to

the back of it to share their thoughts and feedback. The leaflet was distributed across the Scottish Borders. (Appendix 1)

Location of Distribution	Number of Leaflets
Chirnside Medical Practice	20
Coldstream Medical Practice	20
Duns Medical Practice	20
Eyemouth Medical Practice	20
Greenlaw Surgery	20
Kelso Medical Practice	20
Earlston Medical Practice	20
Well Close Surgery	20
Newton Street Social Work Department	10
Social Work Department	10
The Knoll	20
Kelso Hospital	45
8 Carers Homes	1 to each
Queen's House	10
Victoria Lodge	10
Lennel House Nursing Home	10
Grove House	10
Saltgreen's	10
Derek Brownlee (MSP)	2
Christine Grahame (MSP)	2
Jim Hume (MSP)	2
John Lamont (MSP)	2
Jeremy Purvis (MSP)	2
Michael Moore (MP)	2

- A free phone number, mailing address, and e-mail address were provided in the media and in the published leaflets to allow the public to contact NHS Borders staff to ask questions and give feedback.
- Four Drop-in Information sessions were held at Poynder view Kelso to allow members of the public to see the service, meet staff, gain more information, and provide their feedback. These sessions were held on the following dates and times:

Friday 12th February 2010 – 10:00am – 12:00 noon

Wednesday 17th February 2010 – 18:00pm – 20:00pm

Monday 22nd February 2010 – 10:00am – 12:00 noon

Saturday 27th February 2010 – 14:00pm – 16:00pm

- Two focus groups were held, a Social Work focus group with staff from Scottish Borders Council and a Carers focus group in Eyemouth.
- A session was held with the Public Partnership Forum, in conjunction with the Scottish Health Council and members of the Poynder View service, to allow members to ask questions about the service, and give their suggestions and feedback.

2.4 Communication

Communication was an essential aspect of the engagement and feedback process. All printed materials were reviewed by a member of the Public Partnership Forum, a member of the Scottish Health Council, and a member of the Public Involvement and Communications team.

Articles and features were published in a number of local and national newspapers. Articles were published in community newspapers (e.g. Borders Talking Newspaper, "Communicare" and free-sheets), covering the background of the service and inviting members of the public to give their feedback and attend an information session.

During the consultation period, briefings were also provided to the press, staff, MSPs, MPs, local members, voluntary and statutory organisations and to a range of individuals.

2.5 Equality and Diversity

During this consultation, NHS Borders was committed to engaging and consulting with a wide range of individuals. All printed material was offered in multiple forms upon request. The Drop-In Sessions held were scheduled at a variety of times, to allow choice (morning, afternoon, evening or weekend).

Carers of dementia patients that were invited to the Carers Focus Group were provided with transport to enable the attendance of those that may be harder to reach.

3 The Feedback

This exercise has gathered detailed feedback and many valuable comments.

3.1 Responses have been received from:

- Carers
- Social Workers
- Attendees at Drop-in sessions
- Individuals of the public

3.2 Feedback received from carers during a focus group

The Carers Focus Group held at the Eyemouth Community Centre on February 22nd had four attendees. The group was facilitated by a member of the service and was in an informal setting that lasted for approximately one hour. The focus group attendees were invited by letter several weeks in advance and were also offered transportation to take them from home to the Eyemouth Community Centre.

The focus group was extremely complimentary of the service and many feared what would happen to them and the person they cared for if the service was reverted back to being an in-patient ward. The word, 'tremendous' was used extensively by carers when discussing their views of the service, and it became very evident that the service has improved the lives of the service users and their families.

3.3 Feedback received from Social Workers during a focus group

The Social Work focus group was held on February 16th had four attendees. The group was facilitated by a member from Alzheimer's Scotland and a Clinical Services Manager for Mental Health.

The group fed back that the service being run from Poynder view was invaluable and a great improvement to joint working and working with people with dementia in Eastern Borders. They felt that building on this model would be the next step with even closer involvement from Social Work working with health and other partners. The group also highlighted that finding ways to look more closely at shared care cases and support home care would be extremely helpful.

3.4 Feedback received from users, carers and members of the public

As part of this exercise, a leaflet was designed with a range of questions on the service. Below is a summary of the responses received from service users and carers.

Do you have any suggestions that might help improve the new dementia service within Eastern Borders?

- I think the service at the moment is excellent. I cannot think of any improvements. We are just so grateful to have this wonderful service in Kelso.
- Improved transport as this has been an issue when short staffed. Better advertising of weekly film and activities.
- More use of diaries to enable carers to talk about activities that clients may forget about.
- Involvement of school children eg concerts, helps with activities/life story work and art work.
- Layout of Poynder View isn't ideal but this is restricted by the building eg long corridor to access

How can the new service be improved or changed to better suit the needs of the community?

- This service enables the patients to be taken out into the community either for outings in cars or for coffee or even to appointments if necessary which is really important.
- Continue with flexible times eg evenings and weekends
- Community support in the evenings for carers and clients as this tends to be a difficult time especially early evening
- Helpline for carers dealing with difficult situations/challenging behaviour. Staff may be able to speak to person to help calm situation. Regular phone calls to clients just starting at Poynder View to help remind attendance and reassure.
- No change necessary meantime.
- I am very satisfied
- Transport would be useful

How do you feel the new service compares to the previous service and do you think it is a feasible alternative?

- I did not have any dealings with the previous service as Mum was only introduced to this service in July 2009. She has not looked back since. She became much happier, stopped losing weight and much more confident after a very short time at Poynder View.

- Difficult to compare two different services, whilst the new service is very good, there are still some areas which need to be considered eg respite away from home to enable carers to recharge their batteries, especially if they are up a lot during the night.
- Staff are very enthusiastic, committed and caring. Staff have also added to the success of the service.
- Certainly better as more people are being offered help
- I have not doubt that the excellent service and care will continue and all present facilities and staff should be maintained

Any other comments?

- I would like to say the staff at Poynder View are second to none. They are very dedicated above and beyond the call of duty. The care given to my Mum is excellent, they get to know their patients so well and therefore can tell if something is not quite right. As a whole family we would be lost without their support and my Mum would be very unhappy and I think her dementia would become much worse.
- I was one of many which was against change, but how wrong can you be. As stated above a bigger portion of clients benefiting compared to the beds and very important as this illness appears to be on the increase
- I think this service is very good, without it, we would ever have managed to keep Mum at home. Due to the service being available, my Dad is able to get a little rest as he is absolutely shattered as my Mum is so dependant on him (as he is her main carer). The staff are absolutely fantastic and always very friendly and happy to help. It is an absolute life line for our family.
- We have always received helpful, considerate, kind and cheerful service from all the staff. They go out of their way to ensure the care and comfort of those attending
- Couldn't imagine not having the service – absolutely no recommendations on things to change

Benefits of attending the Service?

- Carer can have a nap in the afternoon (as caring is very tiring) or meet up with friends as a break
- Lifeline
- Networking with other carers – gain useful tips
- If no Poynder View then care home would be the only option
- Tailored to individual needs
- Come also for other support eg help when completing forms
- My wife will eat here and not at home – she loves the music and entertainment

3.5 Feedback received from the Public Partnership Forum

The feedback gained from the PPF was very supportive of the new service. One person remarked that the service 'sounds fabulous.' It was also noted that it was positive that service users didn't need to wait for an appointment, and many supported rolling the service out across the whole of the Borders.

The primary concern that members of the PPF had was around improving joint working with SBC Social Work and ensuring equitable training between SBC and NHS staff. It was recommended to use the money that is saved by no longer having beds to pay fair salaries and ensure that top quality care is delivered.

4 The Role of the Scottish Health Council

The Scottish Health Council's role is to ensure that NHS Boards meet their patient focus and public involvement responsibilities and to support Boards in doing this.

The Scottish Health Council does not comment on clinical or financial issues, but, in line with current Scottish Government guidance, will expect the Board to provide evidence that the views of potentially affected people and communities have been "sought, listened to and acted on, and treated with the same priority as clinical standards and financial performance".*

The Poynder View Pilot is one of the 2009/10 Patient Focus and Public Involvement Self Assessment actions. The Scottish Health Council has been monitoring and verifying the work of the programme in relation to this. Local staff have met with the Pilot programme leads and NHS Borders Planning and Performance on a regular basis to advise and to be kept informed.

From the beginning of discussion for the planning and delivery of the consultation process NHS Borders has worked in partnership with the Scottish Health Council to ensure that potentially affected people and the community have the information and support they needed to play a full part in the whole process.

Shelagh Martin
Local Officer SHC Borders
19/03/2010

**Informing, Engaging and Consulting People in Developing Health and Community Care Services', SGHD (2010)*

5 Conclusion & Recommendation

The feedback received through the engagement and feedback exercise from users, carers, and members of the public, have all been very supportive of the Poynder View Pilot.

Transport has been raised as an issue throughout this exercise and therefore has been fed into the Transport Strategy that is currently being developed.

It has been highlighted through this exercise that Jedburgh and surrounding areas should be considered within the catchment area for outreach and covered by the East team. Further thought and consideration around this suggestion will be taken forward.

It is also recommended that a review should begin to look at how a similar service could be considered across the NHS Borders area.

Mental Health Older Adults are continuing to look at the way in which they provide and deliver Dementia services across the Scottish Borders. Lessons learned from the Poynder View model will be considered as part of this process.

The most common feedback received demonstrates that this new service model has been extremely successful and has and will continue to impact positively on people's life's. Carers have expressed this service as a "life line" and have demonstrated they have been better able to cope with their relatives at home.

On the basis of this positive outcome it is recommended that this pilot service model is approved as a permanent service change for Eastern Borders.

Questions

Do you have any suggestions that might help us improve the new dementia service within Eastern Borders?

How do you feel the new service compares to the previous service, and do you think it is a feasible alternative?

How can the new service be improved or changed to better suit the needs of the community?

Any other comments?

Please tear off the above portion and return it to:
Freepost RLXT-AXZY-USKU,
NHS Borders, Newstead, Melrose, TD6 9DA
Or you can contact NHS Borders
By e-mail at: publicinvolvement@borders.scot.nhs.uk
Or by telephone at 0800 7314052

Dementia Care in Eastern Borders

Poynder View



Feedback Form for NHS Borders Service Change

This document is available on request in different languages, audio tape, Braille format, large print or BSL dvd. Please contact the Equality and Diversity Department of NHS Borders for advice. By telephone 01896 825502 or email equality@borders.scot.nhs.uk.

Dementia Care in NHS Borders

Your thoughts and opinions are of great value to NHS Borders, and it would be appreciated if you would please comment on the questions on the back of this form and return it to the stated address by March 12th.

NHS Borders wants to create a culture that values and respects older people. To achieve this vision a new Dementia pilot programme was launched Kelso Hospital.

In July 2008 NHS Borders redesigned patient services for people with Dementia. Prior to this time, Eastern Borders had nine beds at Kelso Hospital that treated people with moderate to severe dementia. There was not, however, an outreach community service provided in the area.

Current Pilot Service

Over the past year a day/outreach service pilot has been set up, based at Kelso hospital. This new service allows NHS staff to work with people and services in the patient's preferred setting.

This new service has worked alongside existing services to support early diagnosis of dementia and facilitate intervention, assessment, treatment, and stabilization, while also providing group activities, social stimulation and carer support.

The service operates seven days a week and is provided in a variety of settings including the patient's home, in community hospital, at the day centre in Kelso, and in nursing and care homes.

This new outreach service works closely with other services to support dementia patients with additional health needs.

Professional staff from the pilot programme provide education and training to other professionals, as well as to carers and family members, to ensure that dementia patients receive the best possible care in every setting.

Future Dementia Service

Following an internal audit the initial feedback on the service has been very positive. It appears that more people diagnosed with dementia are able to receive care sooner and for longer than before.

The new service has also helped dementia patients that are admitted to hospital stay in hospital for less time and with better quality of life for the patients when they leave hospital.

The pilot of the service redesign is coming to its end and the future of the service is yet to be confirmed. NHS Borders would like to gain feedback from the public on this service change to inform the decision to either make the new service permanent, or revert back to a nine bedded ward at Kelso Hospital.

The Mental Welfare Commission stated, 'this service is an example of exemplary practice' during a recent visit to the new programme.