

**EVALUATION OF HEALTH & SOCIAL CARE IJB DEVELOPMENT AWAYDAY –
KELSO, MONDAY 23 MAY 2016**

Aim

To provide feedback on the evaluation of the Health & Social Care Integration Joint Board following the Development Awayday held on 23 May 2016.

Summary

Elaine Torrance presented on the Social Care & Health Inspection which will take place within the next 6 months.

Susan Manion provided updates on progress so far within integration.

There were also poster presentations on the currently available information specific to Cheviot, showing demographics, statistics and quotes for people through the engagement process.

Cheviot health team - presented on their team and how it works; and the outcomes from a Multidisciplinary team approach to managing people in their own home. They presented facts and figures on service delivery in an enthusiastic way. Questions were taken after this and the discussions were wide ranging and very helpful to people in the audience.

Speaker Highlights - Morning Session:

Elaine Torrance: Health inspection, 12 weeks' notice. Several phases: inspections, research, interviews of staff and patients.

Catriona Bhatia: work to improve our services and identify gaps. This is an opportunity, not a threat.

Susan Manion:

- essential to focus on the opportunity that we have to improve.
- work in partnership, building on what we have and what has happened already
- need to make sure we get the delivery right. How to develop a locality plan to ensure we reach the outcomes as an organisation. How we deliver care at home? We know that part of reducing admissions to hospitals is about how we develop care at home.
- work in partnership with the third and independent sector and with communities. We have to demonstrate that they are truly partners.
- need to understand that localities are not lines on a map, it's about communities and we need to build in enough flexibility to handle that.
- GPs are essential and we need to find out the best way to support them and work with them..

Alasdair Pattinson: Addressing challenges to access services. Link everything up. People are getting frustrated by delays in the system and we know this. We will address these issues. For example, there are many services which are making the same assessments of the same person. We aim to stop that.

Gillian Mitchell, physical therapist, CCHT: CCHT are co-located in the medical practice with GPs Social Care & Health which helps facilitate better working practices and smoother communication, therefore aiding positive response time to patients and improved outcomes.

Jeanette Forbes : Management is important for supervision and education.

Susan Manion: We need to understand the impact over time. We need to identify the baseline to do that.

Catriona Bhatia: Our job is to direct and commission services. If the Board decides that this is the model we are going to use, then that is what we are going to do.

Simon Burt:

- We are in a new world now, and I would like to see an IJB plan that delivers the best services and outcomes
- Locality citizen panels have been in place a year or so and they are doing really well.
- Early intervention model
- Informal communication even without shared management is a step forward.
- We are developing a mental health strategy.
- At the moment, feels like he is reporting to three organisations: the Council, the NHS and the IJB.

Afternoon - Walk and Talk Tour

After lunch, the Localities Co-ordinators led IJB member on a tour of three local facilities:

Kelso Community Hospital

Queens House – Private 32 bedded purpose built care home

Grove House –SB Cares Residential Care home which incorporates the Intermediate care unit

See Appendix D for summaries of each visit

Discussion Points – Afternoon Session

Linda Jackson: We need to get this right. To be seen as partners in care, we still have a ways to go yet.

Angus McVean: Sharing patient information. We are not good at that. There is sharing and there is sharing, but be careful what you wish for. There is info out there that I need to know, but you don't. I hear what you say and I do understand, but there is sharing and there is sharing.

Susan Manion: There are pieces of work going forward on this because it is very important.

Trish Wintrup: How do you replicate the good work? We have to see the whole picture.

Linda Jackson : All our resources are going into firefighting.

Susan Manion: Some things might be about how to bring resources into the system, some things might be to manage them in a different way.

Catriona Bhatia: Sometimes we just need to stop overthinking things.

Susan Manion: We need to think of the whole, not just focus on avoidable admissions and discharges. It is a whole system approach. It's about health and social care teams. Issues connected to reality.

Stewart Barrie: We have started engagement with different key stakeholders. Contacts have been essential. There are commonalities for all localities and there will be differences.

Shona Donaldson: We are building up that 3D picture in order to get a complete picture of what is out there. Let's not reinvent the wheel, let's use the good ideas that are out there. We need to fit those pieces into the jigsaw puzzle. It seems to me that one of the essential parts of this is that the IT systems are not compatible.

Linda Jackson – We are realizing that we are not as well organised as we should be. We need to look at that.

Susan – confirmed in response to Linda that we have some discussions on that. There is the government stuff, but we need to make sure that we use the PPF. They can feed directly into the IJB.

Catriona – Hopefully we can make a difference, some in the short time, and others over the longer term. The time is now.

Appendix A**HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD DEVELOPMENT AWAYDAY**

Monday 23 May 2016
9.30am – 4.30pm
Lesser Hall, Tait Hall, Kelso, TD5 7BS

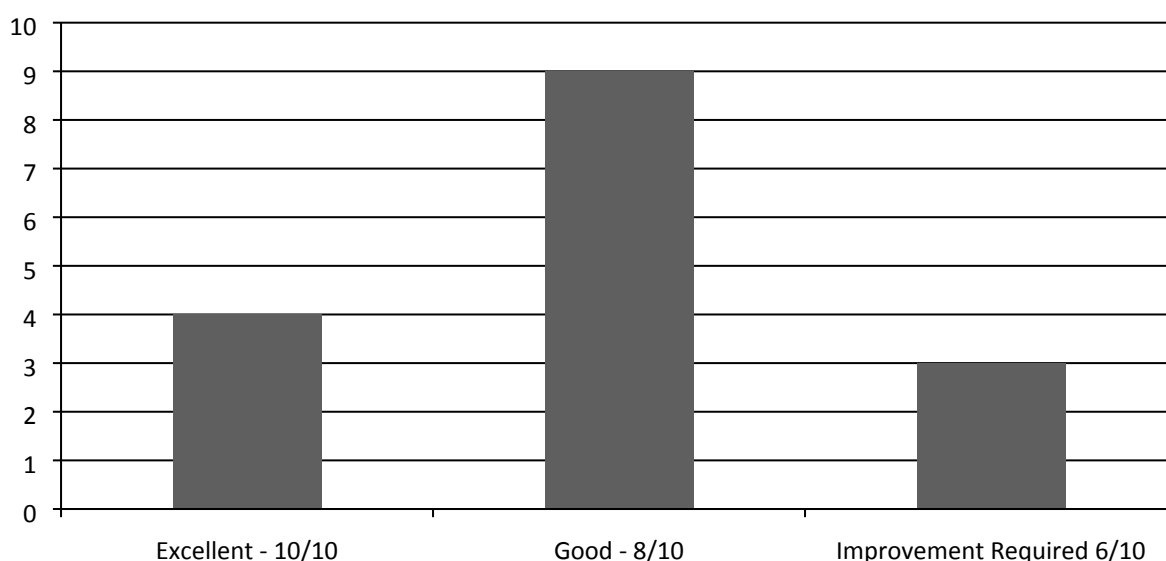
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9.15am	Coffee and Welcome	Cllr Catriona Bhatia	
9.30am	Inspection of Adult Services Update	Chief Social Work Officer	Discussion
10.00am	<ul style="list-style-type: none"> • Localities – Background • Community Teams <ul style="list-style-type: none"> ▪ Health & Social Care ▪ Mental Health • The Locality Model Approach 	Susan Manion Alasdair Pattinson Simon Burt Locality Coordinators	Discussion
11.00am	Staff Open Session <ul style="list-style-type: none"> • What can we build on? • Top priorities for integration? 	Chief Officer	Discussion
12.00	Lunch		IJB Board members
1.00pm	Walk and Talk Tour of:- <ul style="list-style-type: none"> • Kelso Hospital • Intermediate Care Home • Nursing Home 	Locality Co-ordinators	IJB Board members
4.00pm	Return to Day Room, Kelso Hospital Reflections from staff	Chief Officer	Discussion
4.30pm	Conclusion and Next Steps	Cllr Catriona Bhatia	

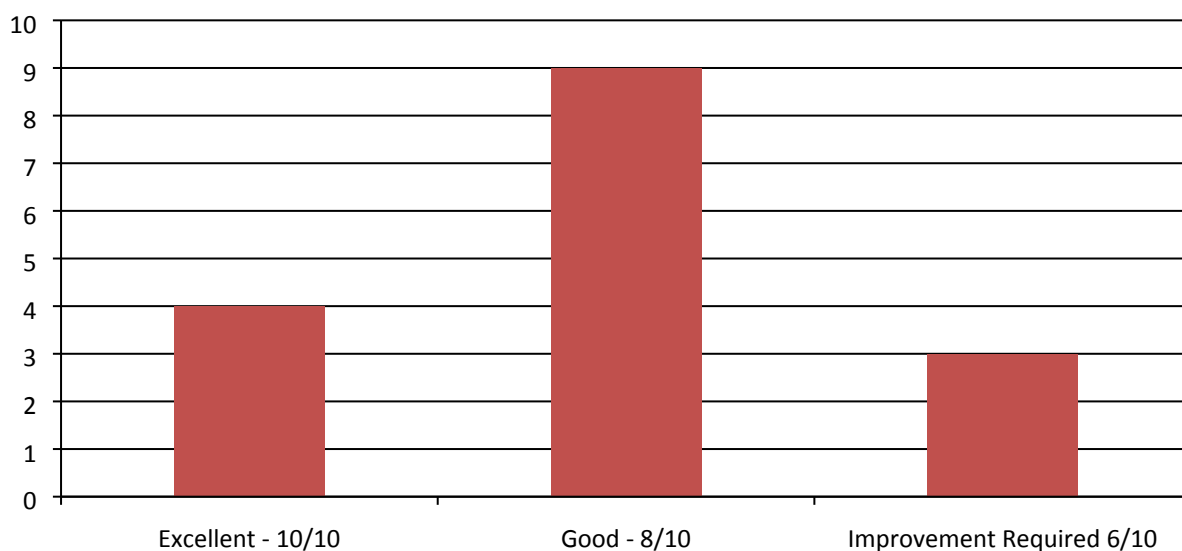
Appendix B – IJB Away Day Evaluation Template

<p>Has this morning's programme improved your knowledge and understanding of Health & Social Care Integration?</p> <p>A. Yes – very much so</p> <p>B. Yes - to some extent</p> <p>C. No – I'm still unsure</p> <p>Comments</p>
<p>How effective has this morning's programme been in defining what we can build on?</p> <p>A. Yes – very effective</p> <p>B. Yes – to some extent</p> <p>C. No – I'm still unsure</p> <p>Comments</p>
<p>How effective has this morning's programme been in defining your top priorities for Integration?</p> <p>A. Yes – very clear</p> <p>B. Yes – better clarity</p> <p>C. No - no further forward</p> <p>Comments</p>
<p>Was adequate time allocated to each of the topics covered this morning or would you have preferred more time/less time spent on some topics?</p> <p>A. Yes – just right</p> <p>B. Yes – with the exception of</p> <p>C. No – could have been condensed</p> <p>Comments</p>

<p>Was the Lesser Hall, Tait Hall a suitable venue for the event?</p> <ul style="list-style-type: none">A. Yes – just rightB. Yes – with the exception ofC. No- unsuitable <p>Comments</p>
<p>How would you rate the organisation of this morning's event</p> <ul style="list-style-type: none">A. Excellent - 10/10B. Good – 8/10C. Improvement required 6/10D. Needs further organisational preparation before similar events planned 4/10 <p>Comments</p>
<p>Is there anything you would like to see covered in future events?</p> <ul style="list-style-type: none">A. YesB. No <p>Comments</p>
<p>Any additional comments below</p>

Appendix C – IJB Development Awayday – Evaluation Summary**1) Has this morning's programme improved your knowledge and understanding of H&SC Integration?****Comments**

- *Really enjoyed hearing about Cheviot project from Practitioners (very well delivered)*
- *Would prefer to look at whole day*

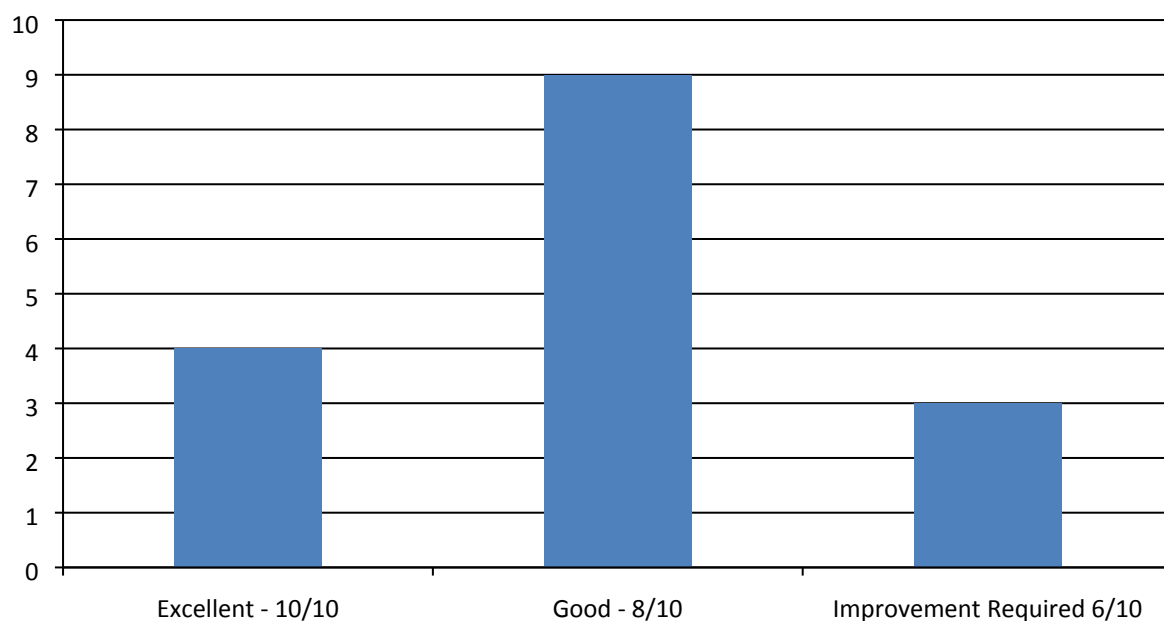
2) How effective has this mornings programme been in defining what we can build on

Co

Comments

- *Really enjoyed hearing about Cheviot project from Practitioners (very well delivered)*
- *Would prefer to look at whole day*

3) How effective has this morning's programme been in defining your top priorities for integration?

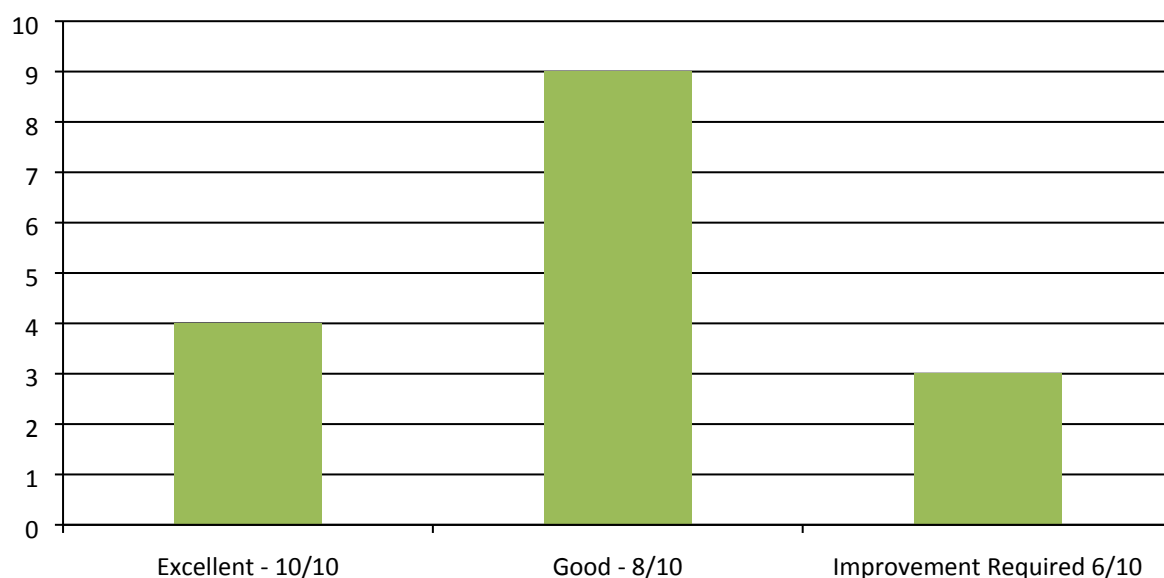


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- Really enjoyed hearing about Cheviot project from Practitioners (very well delivered)
- Would prefer to look at whole day

4) Was adequate time allocated to each of the topics covered this morning or would you have preferred more/less time spent on some topics

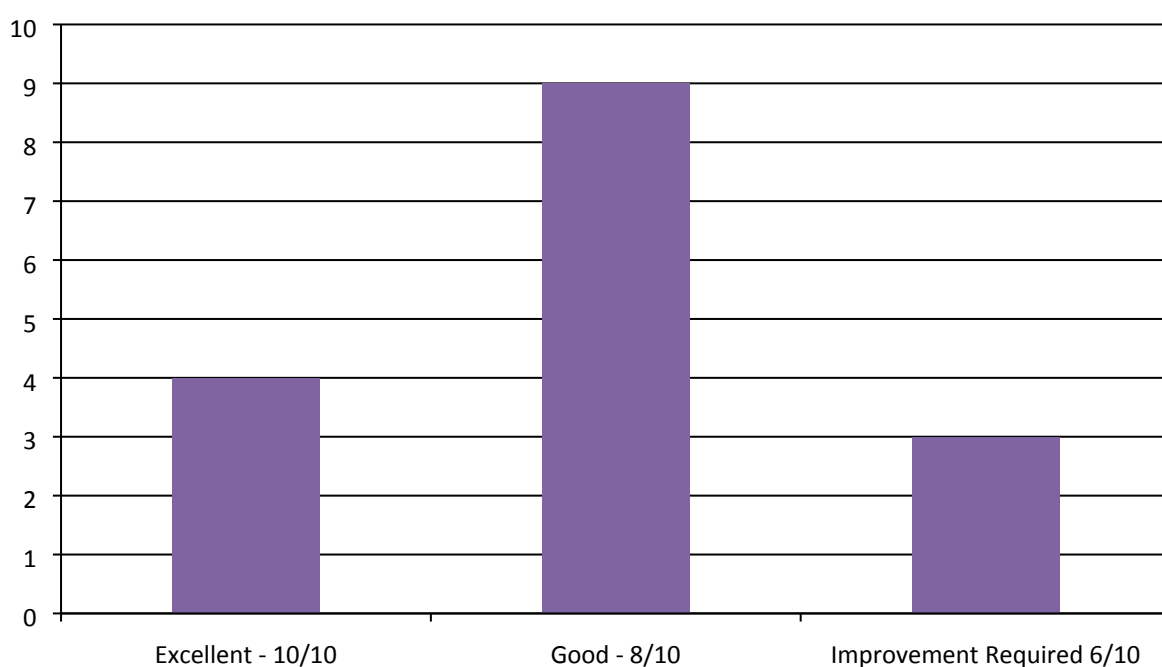


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- Really enjoyed hearing about Cheviot project from Practitioners (very well delivered)
- Would prefer to look at whole day

5) Was the Lesser Hall, Tait Hall a suitable venue for the event?

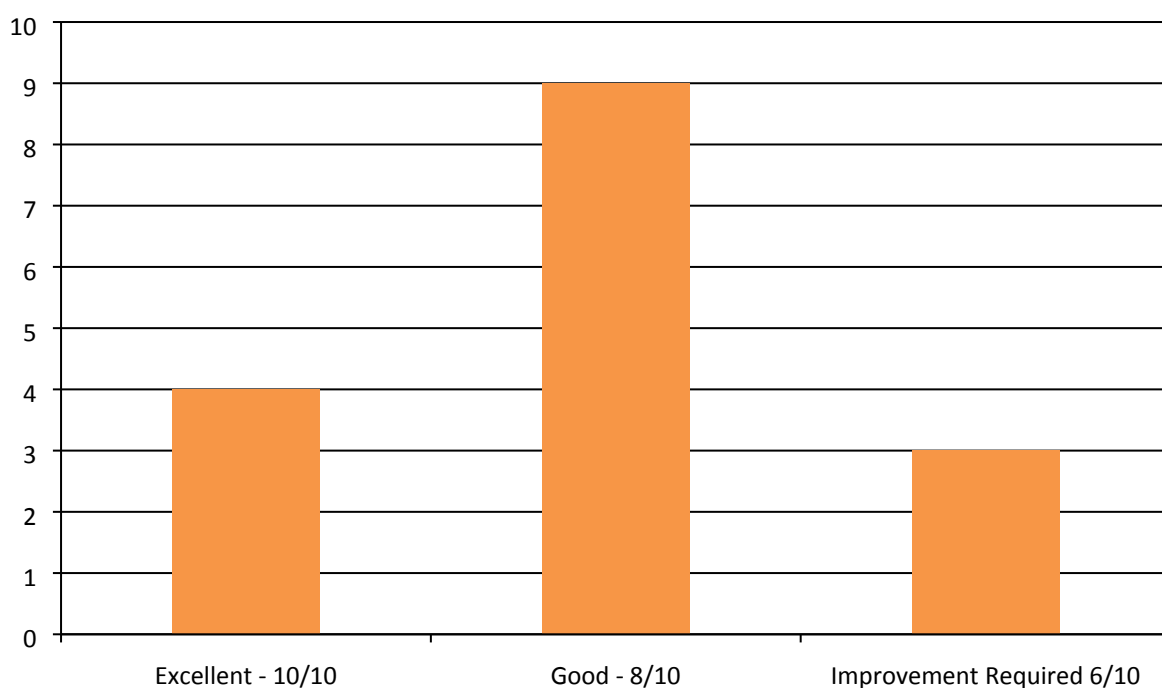


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ments

- *Really enjoyed hearing about Cheviot project from Practitioners (very well delivered)*
- *Would prefer to look at whole day*

6) How would you rate the organisation of this morning's event



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ments

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Appendix D – Walk and Talk Tour Site Summaries

Kelso Community Hospital with Stewart Barrie and the staff nurse from the Day hospital:

- Met with staff throughout visits
- Slightly different format each time but all included Poynder View, Day Centre and co-located SC&H team.
 - One visit identified some potential under-utilised space
- Poynder View
 - Mental Health. *Service user needs?*
 - Manager gave tour for 3 sessions during afternoon
 - Nice clean, airy space
 - Own Garden prepared/looked after by Scouts
 - Craft facilities; murals, paintings
 - Met Service Users
 - Hour “quiet time” after lunch (1st visit)
 - Domino game (2nd visit)
 - Met them in good spirits as they were leaving on our way to 3rd visit/
- SBC Day Centre/Day Hospital –
 - can be two way traffic of service users between PV and Day Centre.
 - met service users at 2/3 visits during afternoon
- Social Care and Health Team- example of Co-location (not integrated yet)
 - Met with staff

Queens house with Trish Wintrup, Miss Plasting:

Queens house a private 32 bedded purpose built care home. Which provides both residential and nursing care for the Cheviot area: the IJB were given a tour of the facilities by Matron, Miss Plasting. Discussions took place throughout the tour, giving the IJB a flavour for the services provided, e.g. if a resident who initially required residential care needs intensify, which is often the case, the resident will remain within Queen’s House, in the same room, but the care needs will increase to meet the residents requirements. Miss Plasting stressed that this is a home from home, visiting is welcomed and there are facilities available to provide accommodation to visiting families so that the family can spend for example weekends together.

There is always a large waiting list for Queens House, which has 10 social care beds, with the remainder under private occupancy.

Queens House has plans to add a dedicated Dementia Unit to the facility within the near future.

Grove House Intermediate care unit which is managed by SB Cares with Shona Donaldson and Mary Stuart the unit manager: Members heard how the unit had been designed to provide re-ablement as a stepping stone for people going home from hospital and those from the community who did not require hospital care but required bed based rehab to allow them to get back home. They heard how the unit’s beds had reduced due to long stay patients using the short stay beds to manage the flow from BGH and delayed discharge targets. They were made aware of the lack of AHP resources within the unit due to lack of resources within current services and how the Cheviot health care team do not provide rehab to people within the unit unless they have placed them there.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer, Health & Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Locality Coordinators			