

# A Summary of Engagement Activity for the Transformation of Older Peoples Services



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## Section 1: Introduction

### 1.1 Background

In the coming years, the number of older people in the UK population is increasing significantly. By 2036 it is expected that 23.9% of the population will be over 65 (ons.gov.uk) and over 5% of the population will be over 85 years of age. Mental Health issues and especially depression and dementia are becoming increasingly common amongst older people.

Older people are disproportionately high users of health and care services and mental health. Dementia affects 5% of people over 65 years and over 20% in those over 80 years. The highest prevalence of depression in the population is found in those over 75 years (<https://www.kingsfund.org.uk/publications/paying-price>)

The NHS 5 Year Forward Plan from October 2014 describes how the NHS needs to evolve and change how health care is delivered over the next 5 years. 22bn savings equates to 2-3% productivity gains to 2020. This is at a time when data shows an increasing aging population and a resulting increase in the number of elderly people with mental health issues.

New Models of Care are a key part of the plan with integration between services – health / social care primary / secondary / mental health services. Flexible models of service delivery tailored to local population and need should be designed.

As part of our transformation of Older People's services we are looking at making improvements and changes to both our community and inpatient services.

Enhancing our community model means that we will always strive to look after people at home, reducing the need for many people to be admitted to a hospital bed. When that is not possible and a hospital admission is required, we aim to provide the care in as specialist and fit for purpose environment.

On most of our older adult inpatient wards, there is a mixed group of service users with different needs. For instance, some service users may have what is called a **functional need, such as hearing voices, anxiety or depression**. Other people may be on the ward because they have what is called an **organic need, such as dementia, e.g. Alzheimer's type of dementia or vascular dementia**.

The Trust is considering changing the hospital bed system so that we have separate specialist wards for people with functional needs and organic needs.

Throughout this programme of work we have continually engaged with staff, patients, carers, members of the public and key stakeholders to ensure any views on proposed developments and improvements have been gathered and listened to.

## 1.2 Purpose of Summary

The purpose of this summary is to present the engagement activity which has taken place from commencement of discovery in September 2015 to current activity in 2018 on the transformation of our Older Peoples Services and in line with our Vision, Mission and Values.



**Our vision**

To provide outstanding physical, mental and Social care in a modern health and care system.

**Our Mission**

We help people to reach their potential and live well in their community

**Our Values**

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open and transparent

We improve and aim to be outstanding

We are relevant today and ready for tomorrow

## Section 2: Findings from the engagement process

So far we have engaged as follows:

### 2015

- Held an internal 'Launch of the discovery phase' event in Autumn 2015
- Held a series of service user workshops (café visits) in Autumn 2015

### 2016

- Held a series of internal and external facing co design workshops throughout 2016 including:
  - Mixed audience events in March 2016, attended by staff, service users, carers and partners
  - series of internal workshops through the summer followed by a September 2016 event which brought the work and options together

### 2017

- Held a series of workshops in Spring 2017 with service users and carers to consider the models of care in more detail
- Held staff drop-in sessions and ongoing pathway and workforce design.
- Commenced engagement with people who were existing inpatients and their carers.

### 2018 and onwards

- Further engagement with people who were existing inpatients and their carers
- Spring 2018 - Dialogue focus group workshops commenced with minority Afro Caribbean, South Asian Elders and the LGBTQ

Commissioner dialogue has been ongoing throughout this process and a number of meetings have been held between the project team and all commissioners. The project team has also engaged with local authority colleagues in late 2017 / early 2018.

## **Detailed external engagement activity:**

This section focusses on external engagement, particularly engagement that involved service users and/or carers.

*Name of engagement: Service Users Workshops – Café visits - October 2015 – November 2015*

### *What the engagement involved:*

As part of the older people's transformation programme this engagement identified with the experiences of people who have used older people services across the trust to help inform the future redesign.

### *Summary*

To capture the views of people who use older people services at South West Yorkshire Partnership Foundation Trust, ten community sites were identified and service user and carer's were approached to answer questions and give their views of what their experience was and make suggestions how services could be improved. The sites were identified working with community agencies who agreed for their facility to be visited by a member of the older people's transformation team. The approach was informal using conversational questions agreed by the transformation team.

150 people in total were present and were made aware of the work. Approximately 50 people participated in the exercise the responses in the main were from carers. However, as they had attended all appointments with the service user, they were able to offer rich feedback, the feedback was given in the presence of the service user.

The following venues were included in the process

- Ossett Forget me not Café
- Normanton Forget me not Café
- Cornerstone Memory Café Brighouse
- Kettlethorpe Forget me not Café
- Milen Centre Women's Asian Elders
- Head of Steam Café Huddersfield
- Daffodil Memory Café Halifax
- Barnsley Time for Tea
- Pontefract Singing for the Brain
- Women's Centre Hope St Halifax

Following each visit a feedback summary sheet was prepared and fed back to team leaders in respective localities so any actions (if necessary) could be addressed immediately.

## *Findings*

Most of the venues approached focused on support for those people who had used dementia services within the trust. However, during the conversations some of the people had used services provided for functional illness. Some had not used services at all.

## *Emerging themes*

Attendance at the community venues varied over the 10 cafes there were approximately 150 people made aware of the need for the trust to acquire information about its services. Approximately 50 people gave feedback. The cafes varied in whether they were able to give feedback with particular emphasis on the Milen Centre as only a few people had used services, however they had numerous suggestions as to how to make the Priestley Unit more user-friendly suggesting community open days. The women's centre in Halifax again had not used services and mental health was a taboo subject so this suggests that there is more work to be done in removing stigma around mental health in South Asian community. When people had first used services varied this ranged from a first appointment within the last week to three years ago.

On the whole almost all of were interviewed were enormously generous with praise for the services and the dedication of the staff. It came across that everyone had confidence in the services that they had received. This was demonstrated by the following:

- The promptness of being seen after referral
- That they had been referred to the right place and were seeing the right person
- The effectiveness and prompt action of staff to rectify any issues with care
- Felt it important to have the same nurse who knew them and they were not having to have to tell their story again.
- They were kept informed at each stage of the process and knew what to expect next.

They were also able to give very useful feedback as to how services might be improved. This included the following:

- No early morning appointments as they were coming on the bus
- More support when they receive diagnosis
- Opportunity to ring back with questions after diagnosis
- Better parking provision for people using Memory service at Fieldhead
- Greater understanding between GP practice and the specialist service.
- The need to know exactly when the follow up appointments

## *Key Messages*

- Wealth of praise for services
- Felt that they had been referred to the right place and seen the right person
- Liked continuity seeing the same nurse
- Good quality information given (might be too much all at once )

- Would welcome an opportunity of follow up on information given
- To ensure that post diagnostic support is in place particularly in the clinic session when receiving the diagnosis
- Parking at Fieldhead Memory clinic needs addressing
- Opportunity to work more closer with GPs in the interest of continuity for the service user and carer.
- Further work needs to be undertaken with South Asian Community

### *Series of Internal and external facing co design workshops - March 2016 events*

#### *What the engagement involved:*

In March 2016, we held a series of workshops in Dewsbury with a mixed audience of staff, commissioners, partner organisations, service users and carers. These tested the high-level vision and emerging ideas about configuration of the service model.

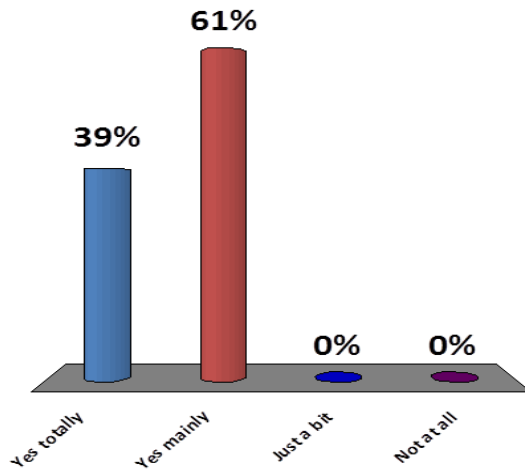
The workshops were with a mixed audience and included our staff, commissioners, partner organisations and some service users. 133 people attended these events.

Vision:

- Older People will have a more meaningful, healthy and independent life in their community
- Physical and mental health needs are met
- Collaborative and appropriate care in a safe and supportive environment
- Independence throughout the patient journey
- Services are responsive and accessible

We asked whether this makes sense:





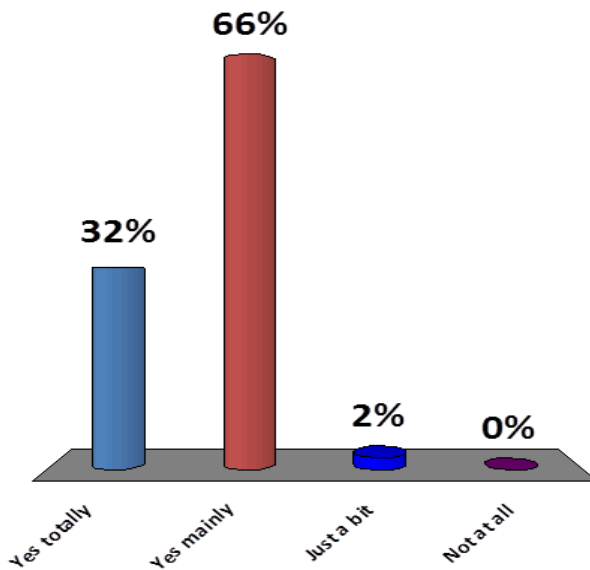
Based on feedback from that session the vision was refined to:

- Older People will have a more meaningful, healthy and independent life in their community
- Physical health, mental health and social care needs are met
- Collaborative, integrated and appropriate care in a safe and supportive environment
- Independence throughout the patient journey, including over admission and discharge
- Services are responsive, fit for people and accessible
- The needs of carers and families will be central to all that we do
- Services will be tailored, culturally aware and sensitive

So our service will be:

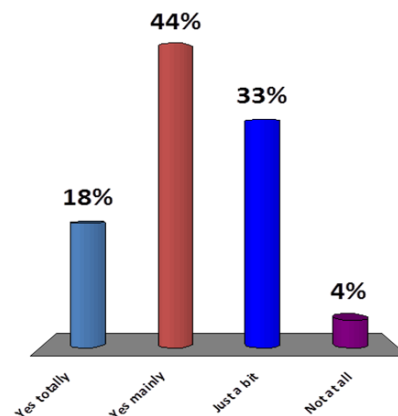
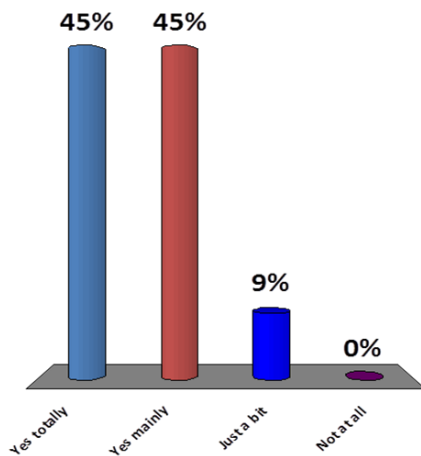
- Person-centred and family focussed
- Supportive of the patient's potential to manage their own health and well-being
- Focused on care closer to home for as long as possible
- Specialist, non-discretionary and supportive
- Safe, effective and well-led with outcomes that are valued
- Collaborative and integrated
- Promoting an independent healthy, active lifestyle

Do you agree:



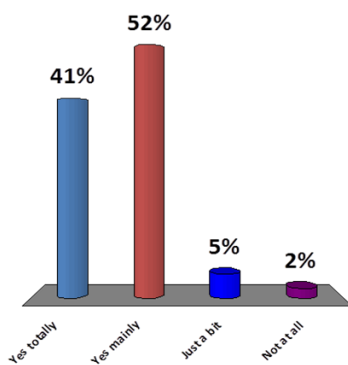
There will be a single place that accepts referrals, including self-referrals, to Trust services:  
Can you support this?

Urgent referrals will be accepted, triaged and assessed within 72 hours  
Crisis referrals will be accepted, triaged and passed on immediately to IHBT  
Can you support these:



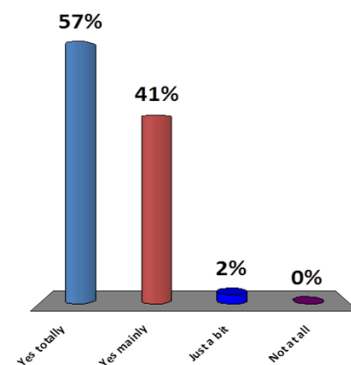
Support people whose mental health needs require care over and above what can be provided in primary care and requires input from secondary care mental health services  
Work with service users to enable them to describe and enact their own recovery pathway

Can you support these:



Avoid patients being subjected to multiple assessments and reduce the number of hand-overs of care between teams.

Do you support this:



Some themes raised at the events are set out below:

Where services should be:

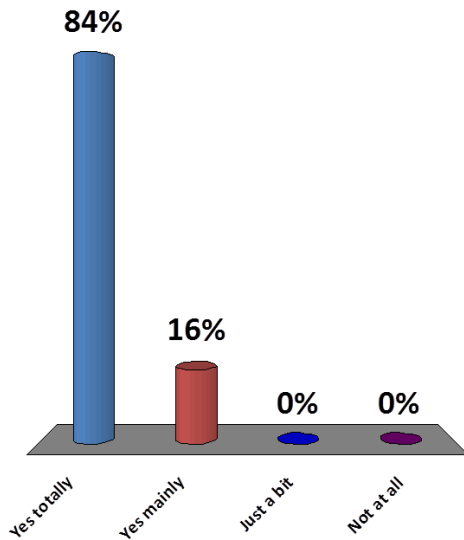
- Ideally go to the service user – services supporting people at home
- Community hub or community centre / clinic
- Clinic at GP – could have sense of safety

What needs to be factored into the model:

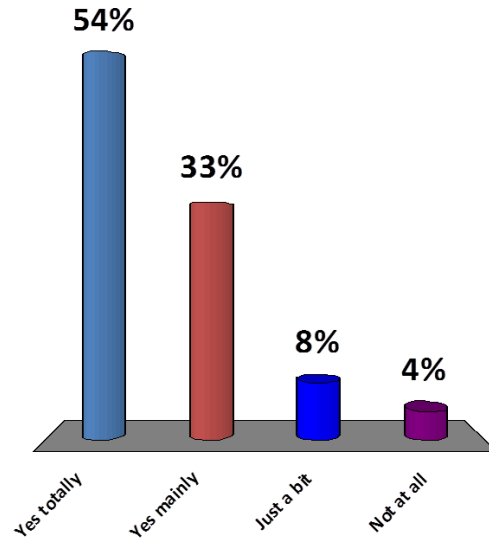
- Should be standard referral criteria
- Use of ANP for memory assessment / nurse prescribing
- Potential use of local integrated hubs.
- Preventative approaches
- 3<sup>rd</sup> sector involvement
- Admiral nursing / carer support needs to be built in.

At these events we asked the audience a number of questions in relation to inpatient bed usage and had the following responses:

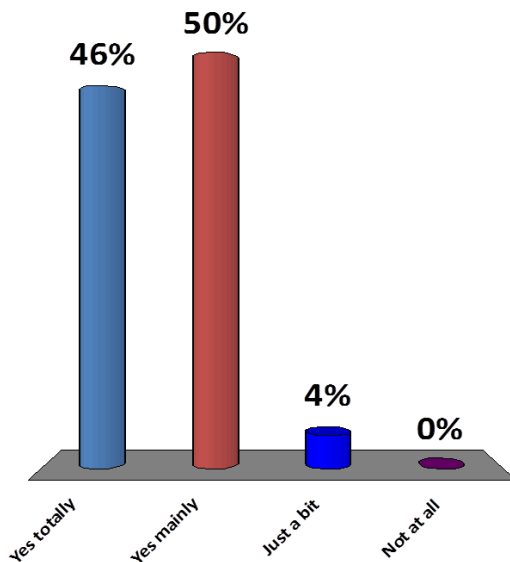
- All in-patient areas need to be designed with the patient in mind and have access to a multidisciplinary team



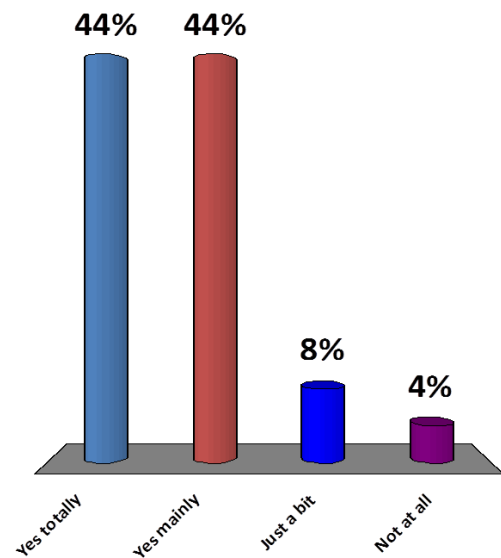
Good access to physical healthcare expertise – ideally located on acute hospital sites with good links to geriatric services



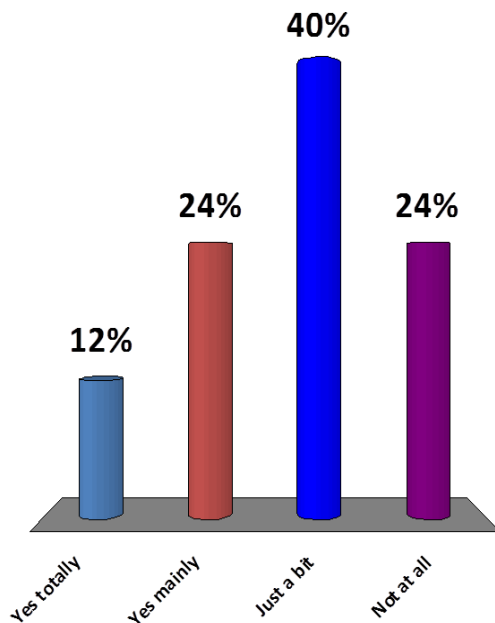
Good alternatives to inpatient admission – including respite beds, rehab beds and specialist older peoples' crisis and home based treatment teams



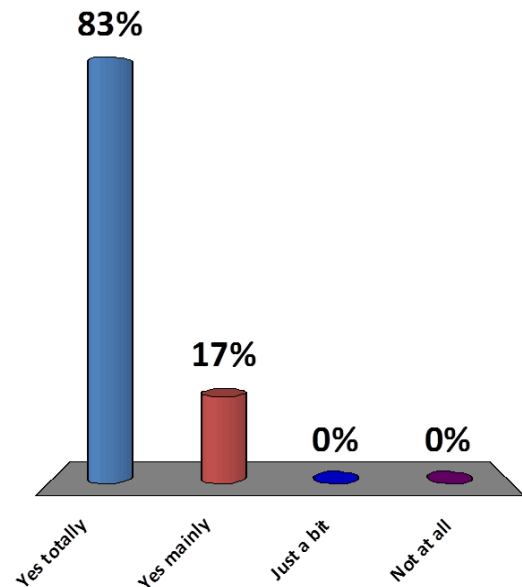
Provide care on separate and dedicated functional and organic wards



Provide care in a centralised specialist unit



Increase service user flow through inpatient areas



In summary there was strong support for having separate functional and dementia wards but a more mixed response for whether this should be done by having a central specialised unit. There was also strong support for us improving patient flow and finding alternatives to hospital bed admissions.

**Spring Transformation Events: 2nd May 2017**

**What the engagement involved:**

In May 2017 a series of workshops were held with a range of service users, carers, staff and partner organisations. The events were well attended by Service users, carers, hard to reach groups and partner organisations, who shared their opinions and ideas on potential changes to having separate wards for people with Functional and Organic (dementia) needs.

In total a 180 people attended the events which were held at.

- Hudawi, Huddersfield
- The Core, Barnsley
- Elsie Whiteley Innovation Centre, Halifax
- St Swithuns, Wakefield



*Inpatient Model*

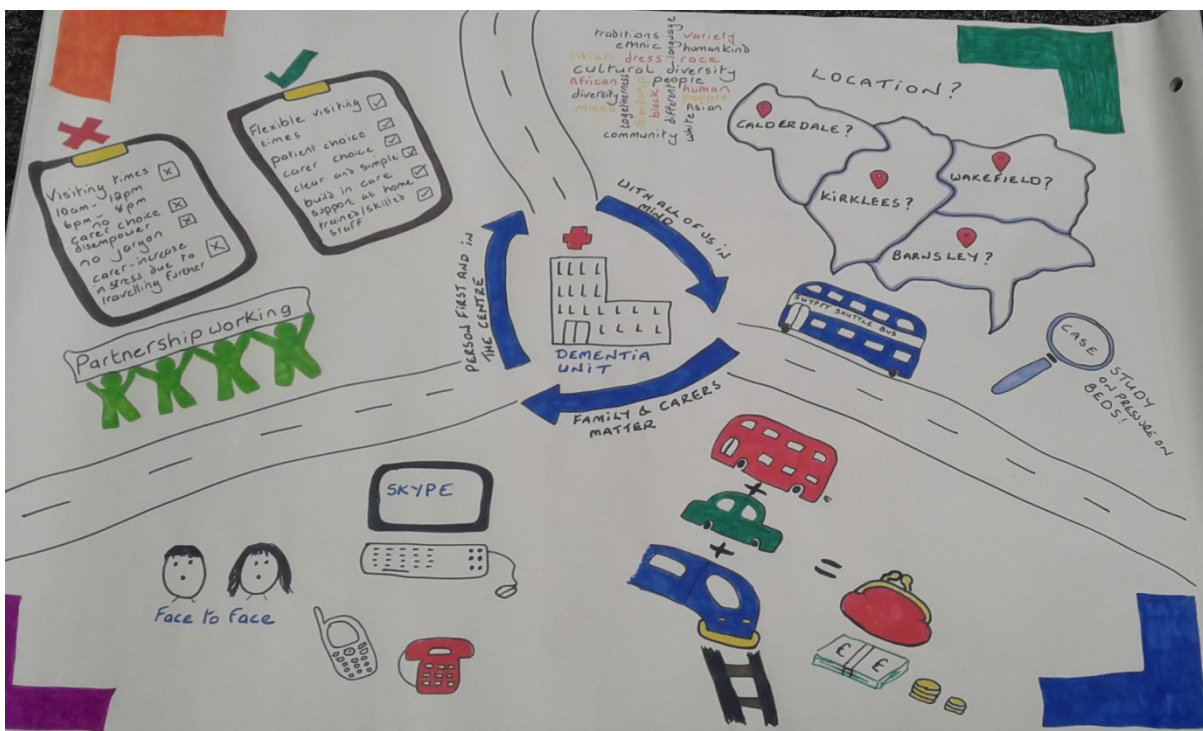
Generally, people were receptive to the separate wards and thought the specialist dementia unit was a good idea and a move in the right direction. However, some points were raised about travel and the location of the units. People were worried that they might be further away from home and may have to travel further to the hospital than they currently have to.

Below are some suggestions for help/support with travel:

- Reimburse the increase in bus/train fares and extra mileage.
- Explore concept of providing a shuttle bus to take Service users and carers to the unit.
- Flexible visiting times

People also shared their ideas on alternative ways to see their family members/loved ones instead of face-to-face contact/visiting BUT requested we simply do not assume that everyone is fully conversant and use technology and not automatically replace any face to face contact/visiting with these methods.

Below is a visual representation of the feedback.



### *Community Model*

People were generally receptive to the proposed changes to our community services, especially our aspirations to look after people in their own home and reduce the need for people to be admitted to a hospital bed. People commented on a few approaches for support in the community:

- ***People with high needs***  
Overall people thought this was a good approach and in particular, having one person coordinating and overseeing a person's journey of care. However, there were concerns about loneliness and an increase in social isolation. We will need to ensure we provide a good support network in particular using the Voluntary sector would help alleviate social isolation.
- ***People with low needs***  
Again people thought this was a good approach in providing care as close to the home as possible and within one team. They liked the approach in which will provide a streamlined service with less passing around the system and therefore duplication. However, we will need to ensure our mental health services become more closely linked with our local healthcare providers.
- ***Memory assessment***  
Generally, people thought this approach was fantastic, as more memory assessments are likely to be offered in a local clinic/closer to their homes. People liked the more coordinated and holistic approach and they will be seen in familiar surroundings like their own GP surgery, which help alleviate any anxiety. People requested not to forget to support the carer in this approach and incorrectly assume or rely too heavily on the carer overseeing the care.
- ***People with increasing Memory Needs***  
People were generally in favour of this approach which aims to provide people with a more intensive short term package of care from an intensive care home support team. People were particularly reassured by the extended support we hope to provide in the new model.

*Inpatient engagement questionnaire 1<sup>st</sup> December 2017 to 31<sup>st</sup> Mar 2018:*

***What the engagement involved:***

In December 2017 to the end of March 2018 members of the Equality and Engagement team and supported by the Integrated Change team, met with some of our existing inpatient service users and carers to ask them a few questions. The questions were about the current level of care they were receiving and their thoughts on potential changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services.

The 6 inpatient units visited were:

- Chantry – Fieldhead
- The Poplars – Hemsworth
- Willow - Barnsley
- Ward 19 Male - Dewsbury
- Ward 19 Female– Dewsbury
- Beechdale – The Dales, Halifax

A total of 53 service users, carers and family members participated:

- 11 carers
- 7 family members
- 35 Service users

The Service users and carers were asked a series of questions as follows:

1. Overall, how would they rate their care and treatment they currently receive from our services?
2. What is good about the care and treatment they receive?
3. What can we improve on?
4. In the future would they prefer to receive care in?
  1. A Dementia ward only
  2. A ward for dementia and functional needs
  3. A ward for functional needs only
5. In the future would they prefer to be in a
  1. Single gender ward
  2. Mixed gender ward
  3. Don't mind



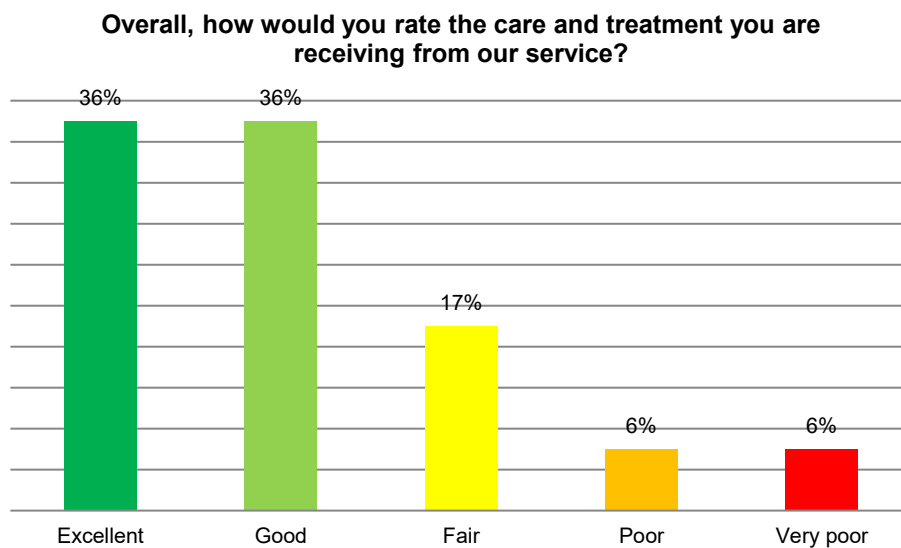
6. How concerned would they be if they had to travel further to a ward?
7. Any other comments?

**What did this activity tell us?**

Below are some of the key themes which came out of the sessions:

**Rate of Care and Treatment**

Overall, out of the 53 people questioned 72% rated their current care and treatment from our services as 'Excellent or Good' and had lots of praise for the staff looking after them.



In particular, people said our staff were very caring, hard-working and couldn't do enough for them.

Below are a few of the comments about what is good about the care and treatment received:

- *My husband has been well cared for by all staff*
- *All staff very friendly and helpful, and if you need anything they come to you.*
- *Overall care from doctors nurses through to the tea ladies. Nothing is ever too much trouble for them.*
- *There is long visiting hours, which helps fit in with life generally and ward is not fitted into tight framework which helps people visit at other times of the day. I think that is really wonderful. The fact that the patients can help themselves to drinks anytime of the day makes it more homely. The staff are extremely friendly they do their job as pleasantly as possible.*

**Ward type preference**

Of the 52 responses, 21% of people questioned said they prefer receiving care in a mixed ward (looking after people with both Organic and Functional needs) because they liked to have the mix



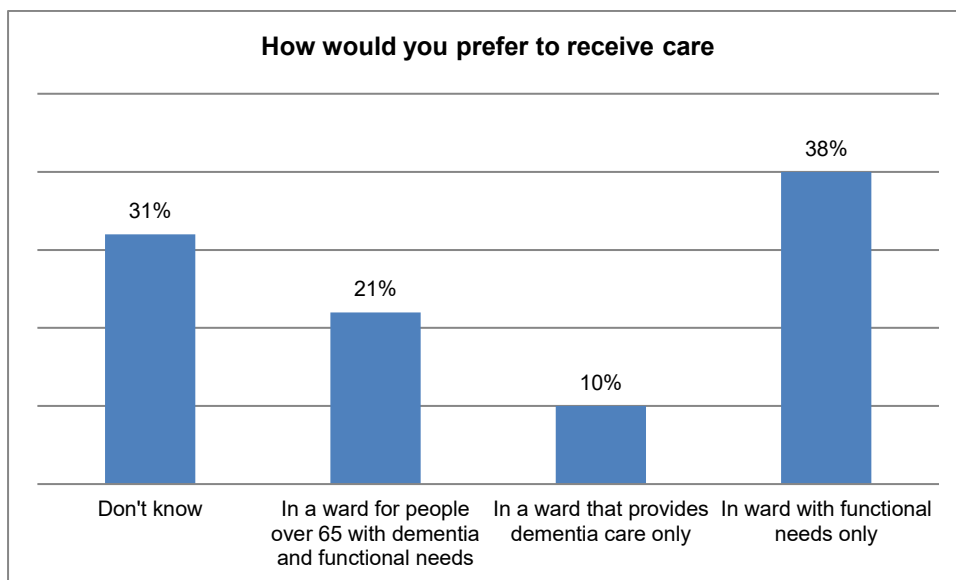
of people on the ward. *“Life is made up of all sorts. You can’t be perfect.”*

However, 38% of people said they would prefer to receive care on a functional ward only. *“It was very upsetting and worrying for me coming in to contact with someone with dementia for the first time. I was worried all night hoping the person could not get into my room.”*

10% of people said they would prefer to receive care on a dementia ward only *“Better calmer environment.”*

31% of people didn’t know.

This means that 48% of people would prefer a specialist need based ward either functional or dementia only whilst 21% prefer the current mix with the remainder not knowing ie. More than double.

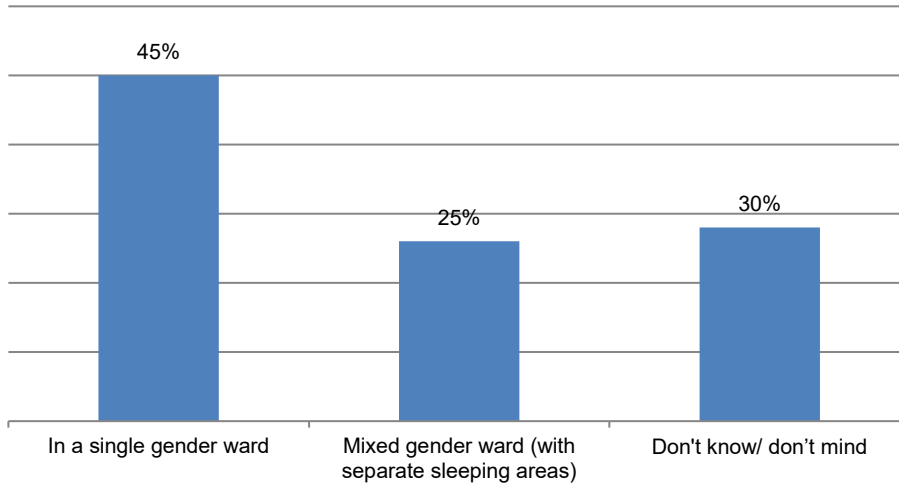


### Gender of Ward

Of the 52 responses 45% of people also said they would prefer to receive care on a single sex ward, 25% would prefer a mixed gender and 30% didn’t know/mind.



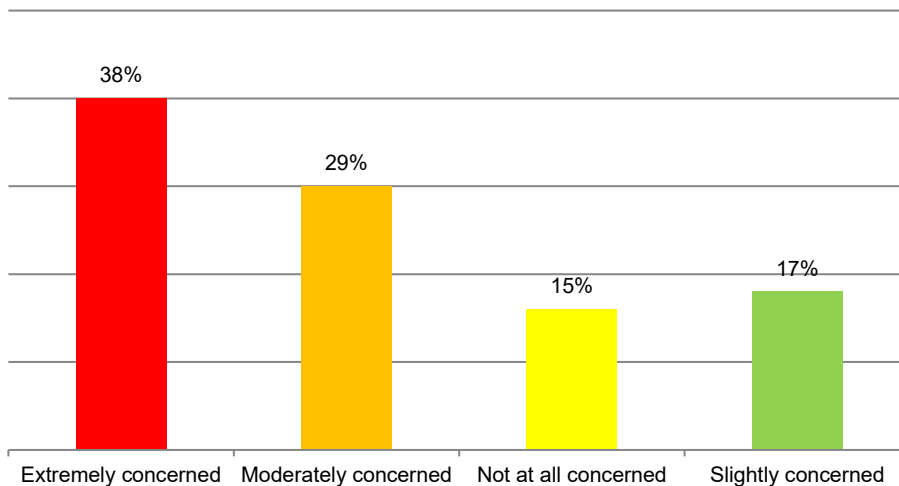
**Would you prefer to receive care**



**Travel**

Of the 52 responses 67% of people expressed their concern about travel further to a ward.

**If you had travel further would you be**



**Some of the comments about travelling further:**

- *I have travelled further for care, and it was extremely difficult for my husband to visit.*
- *It would be difficult for my family to visit me further afield.*
- *For me personally I am approaching 70 years of age and travelling further would make me feel extremely concerned.*
- *I don't have transport and it costs me £38 for a return journey already.*



- *Family maybe concerned about travelling further.*
- *If the care is provided by specialist staff, then I wouldn't mind the travelling*

Generally, the people questioned were not against the potential changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services. However, we acknowledge that some consideration needs to be given to carers/family members who flagged that they may experience difficulties/increases in travelling to the wards.

Also, some issues were raised about the reception area on Ward 19. In particular, the long wait in the corridor by family members and carers to get onto the Ward. Options to resolve this are currently being considered.

Some carers/family members also wanted to know why visiting was not allowed during mealtimes. Some carers/family members prefer some flexibility to the visiting hours especially if coming from afar, with the option to visit during mealtimes. Carers/family feel this will offer better; quality time spent with their loved ones ie. Eating with or helping to feed their loved ones/family members.

### *Dialogue Group visits*

#### *Afro-Caribbean - Spring 2018:*

##### *What the engagement involved:*

On the 16th May 2018 staff members met with an Afro Caribbean dialogue group to ask them a few questions. The dialogue group was a mixed audience of 13 service users, carers and partners. The questions were to help us get their thoughts on potential changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services and to tell us what they thought was most important through a service user and carer journey.

The group were asked several questions and the responses were as below:

#### **1. What is important to you?**

- Offer support tailored to individual needs
- Provide clear communication
- Cultural aspects are taken into account
- Provide support to meet individual needs
- Early intervention –we are pre-emptive, spot signs early and take action
- Services need to provide more information about what services available to people and how they can access them quickly
- Better advertisement or services
- Consistent medications
- Early intervention - Understand processes and ensure this is fed back to teams in Kirklees

- Carer support is important, especially as often one or 2 carers take a lot of the burden. Ensure we build / factor in carer support into new services. In Kirklees, there is a dedicated admiral nurse service that provides support to carers.
- Important that we are honest with people about the services that they we receive and it's important that we don't let people fall through the net.
- We need to make sure that we listen to people's concerns immediately.

## **2. What can we do with the afro – Caribbean Community?**

- The group were positive about holding an education session with someone from our memory team.
- One option the group discussed and we could explore in more detail is going to churches; this would make coming to talk about our services more appealing.

### **Queries were raised by the group about awareness of what is out there - sharing information about what services are available was felt to be important**

- A group discussion was held about home care providers and whether they can have information about mental health services and what they provide. However, it was also acknowledged that not everyone might access home care if there are large family support networks.

### **Inpatient discussion (raised by the group)**

- Specialism was felt to be important as well as being able to provide individual care packages.
- Ideas such as having a travel companion, flexible bus service and volunteer service were all discussed.

### **LGBTQ+ Focus Group – Early 2019**

On the 14<sup>th</sup> of February 2019 staff members met with a LGBTQ+ focus group. The focus group consisted of a total of 14 people, made up of Trust Employees, Service Users, 3<sup>rd</sup> sector and partner organisations. The group were asked a few questions on potential changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services. People were also given an opportunity to tell us what they thought was most important through a service user and carer journey.

The group members were positive about the Trust developing a specialist dementia unit. Most of the group members also commented that they would not mind the extra travel time/cost if the care provided to their friend or family member/s was first class and included access to treatments for physical health conditions.

Below are some of the group's response to:

**What is important to you?**

- Trust to offer support tailored to individual needs. LGBT+ community is diverse, and everyone has their own needs.
- Provide clear and jargon free communication
- Services to provide more information (better advertisement) on services available and how to access them
- Cultural aspects considered
- Raise awareness/education of medications and their side effects
- Listen to people's concerns

*South Asian Elders Focus Group – Spring 2019*

On the 30<sup>th</sup> of April 2019 staff members met with a South Asian Elders dialogue group. The group consisted of 13 people made up of Trust Employees and 3<sup>rd</sup> Sector Organisations. The group were asked a few questions on potential changes to have separate wards for people with Organic (Dementia) and Functional needs within our Older Peoples Services. People were also given an opportunity to tell us what they thought was most important through a service user and carer journey.

The responses were as below:

**What is important to you?**

- Services/care are closer to home
- Timely diagnosis - not when at Crisis point.
- Raise awareness of dementia within BAME groups –more information to be put up in Mosques/places of worship
- Ensure family members/carers are kept informed and given current up to date information – do not use google translate. Different family members will get involved from diagnosis to when a person accesses the service
- Work with GPs to understand key crisis services available
- Carer support for any travel impact such as an offer of free or discounted parking
- Extend the existing shuttle bus route or consider using volunteers to transport carers to the unit(s)
- Flexible visiting times for carers
- Admission to a specialist ward could result in a shorter stay
- Location of ward(s) needs to be near to acute hospital

## *Staff Engagement*

This section focusses specifically on internal only engagement so far through the process.

### *Launch of the Discovery phase - September 2015*

#### *What the engagement involved:*

Staff engagement discussion on the opportunities and challenges for the future transformation of Older Adults Services. 43 members of staff attended.

Key themes discussed were:

- The variations in our key workforce and access to specialist groups and what is needed.
- The need for a consistent admission criteria
- Exploring whether to have a specialist dementia unit
- Single Sex wards
- Location of the wards
- Exploring whether there is a need for an intensive care unit
- Access to care homes impacting on Length of Stay (LOS)

### *Staff workshops – summer 2016 onwards*

#### *What the engagement involved:*

In summer 2016 we held several internal workshops with staff from across the Trust to consider high level options. The audience discussed key strengths and weaknesses of high-level options for change and scored them against the following three quality criteria:

- Improves People's Health and Wellbeing
- Improves the Quality and Experience of all that we do
- Improves our use of resources

The Workshops in 2016 covered the following topics areas:

- Community Pathways, including memory
- Outcomes Workshop
- Crisis and Home-Based Treatment Design Workshop
- Inpatient Workshop

In September 2016, a further event was held with 30 SWYPFT staff to consider the benefits and challenges with the different options for both community and inpatient models.

Staff engagement told us that there has been strong support for separate, needs based models. A specialist functional and dementia unit in each area would be a strong clinical model if demand made this viable. Options with a centralised dementia unit were considered viable, acknowledging distance for families and carers, the need for effective communication with local services and staffing requirements.

When exploring options to have specialism across place the following themes were raised by staff:

#### Strengths:

- Specialist care and specialist skills: Service Users receive better treatment due to the specialism of the unit and its staff. This could lead to reduced lengths of stay.
- Opportunity to create dementia friendly environments, allowing for service users to be managed with less medication in a less agitating environment.
- Specialist approach supports the provision of psychologically focussed treatments
- Splitting functional and organic inpatient services would achieve a more person centred, needs led service.
- Potential to reduce the number of incidents.
- Maintaining single sex units are more 'self-contained' but offer the potential for shared care communal areas.

#### Considerations

- Impact on the ability of family and friends to visit, could increase isolation and make it difficult to discharge service users when staff do not have full knowledge of their home locality.
- Predicted increase in the number of people with dementia over the next decade, which will impact on the demand for beds.
- Unit size and not being too big to meet the needs of its patients.
- Staff wellbeing on higher needs wards with more complexity and challenging behaviours.
- Difficulties sometimes in separating a service user's primary need if they have both dementia and functional mental health issues.
- Service user may be placed in an area outside of their GP boundary raising issues around supporting any physical health needs.

#### How to make the models work

- Units needs to be located close to a general hospital and medical staff.
- Ensure single gender wards and having flexibility around male/female bed provision.
- Increase the scope of dementia treatments to reduce the length of stay.
- Ensure staff have the right specialist skills; including working with care homes and care home liaison



### *Ongoing staff engagement*

Following the workshops in 2016, smaller project groups were established and through 2017 a series of workshops were held with a range of staff to focus on workforce and skills required in each pathway. These included a range of team leads and professional leads.

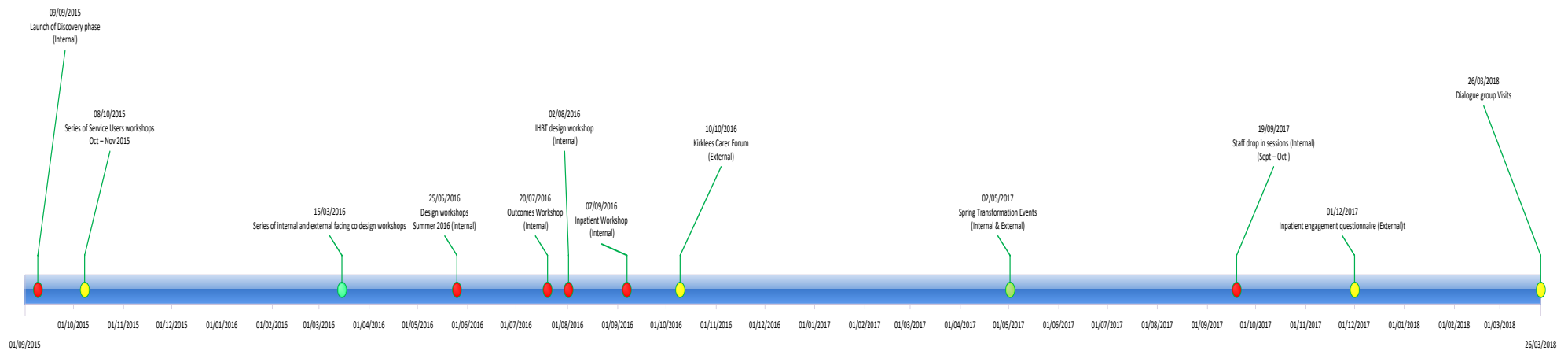
A series of staff drop-in sessions were held across the Trust throughout September and October 2017. 36 Staff and programme leads had the opportunity to discuss what the Trust wanted to achieve through transformation in Older Peoples Services and to raise any issues and thoughts on how to ensure the transformation works.

From early 2018, the project has included a wider group of staff on project and steering groups to support more detailed design work.

### **Next steps**

The findings from the engagement were used to inform the development of the community models and development of the business case for inpatient improvements.

## OPS Transformation Timeline



With **all of us** in mind.

## Appendix 1

### Equality Monitoring for the event at the Hudawi on the 2<sup>nd</sup> of May 2017

#### Question 1: Date of birth

Answered: 22

Skipped: 4

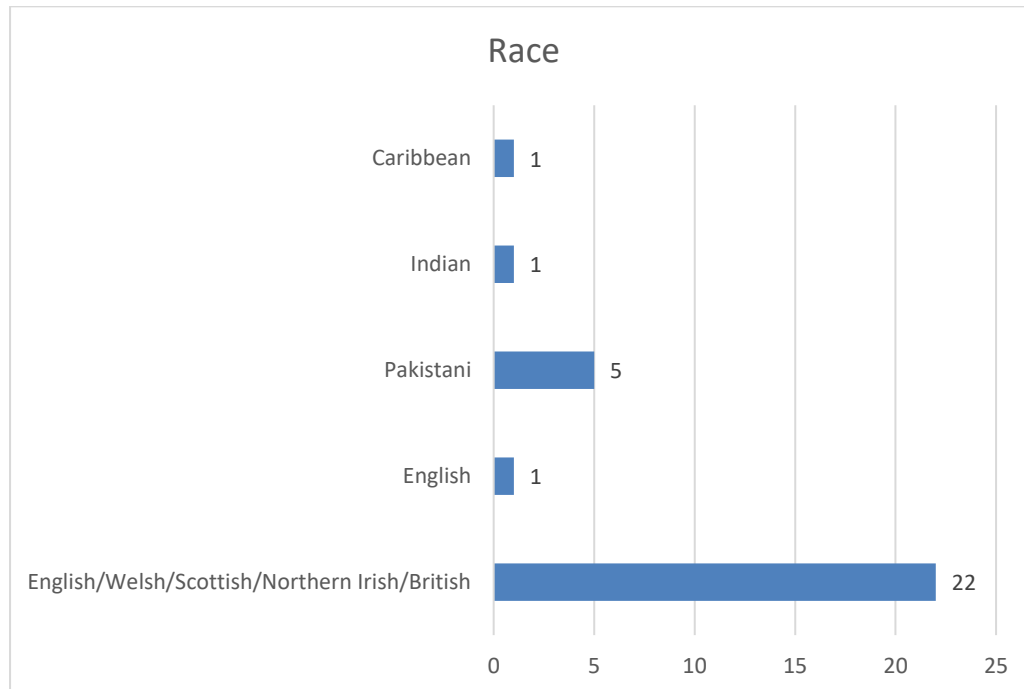
Prefer not to say: 4

15/04/1964	14/08/1934	30/03/1969
12/06/1974	23/12/1955	10/02/1944
05/07/1954	05/04/1936	17/11/1972
01/02/1964	02/08/1972	10/05/1980
13/09/1978	29/09/1947	
28/08/1973	12/07/1968	
27/06/1970	12/04/1966	
22/12/1956	08/06/1984	
04/03/1939	12/12/1970	

#### Question 2: Race

Answered: 30

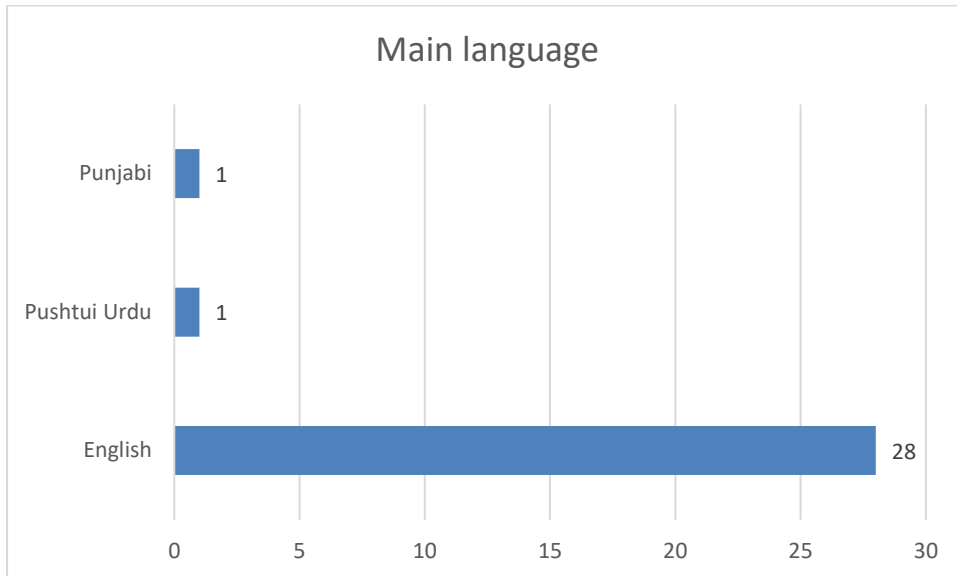
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**Question 3: What is your main language?**

Answered: 30

Skipped: 0



**Question 4: How well can you speak English?**

Answered: 28

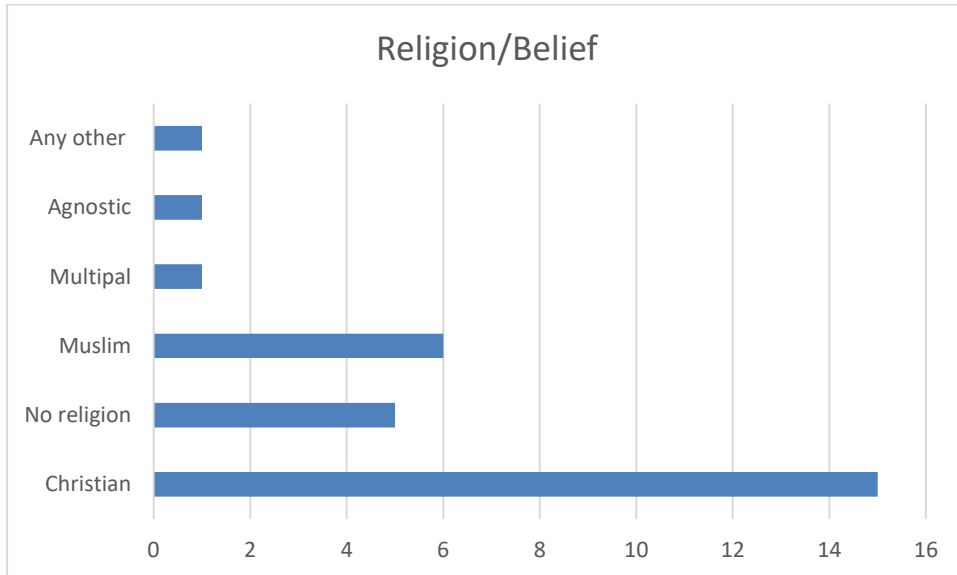
Skipped: 2

Not at all	Not very well	Well	Very well	Total
0	0	0	28	<b>28</b>

**Question 5: What is your religion/belief?**

Answered: 29

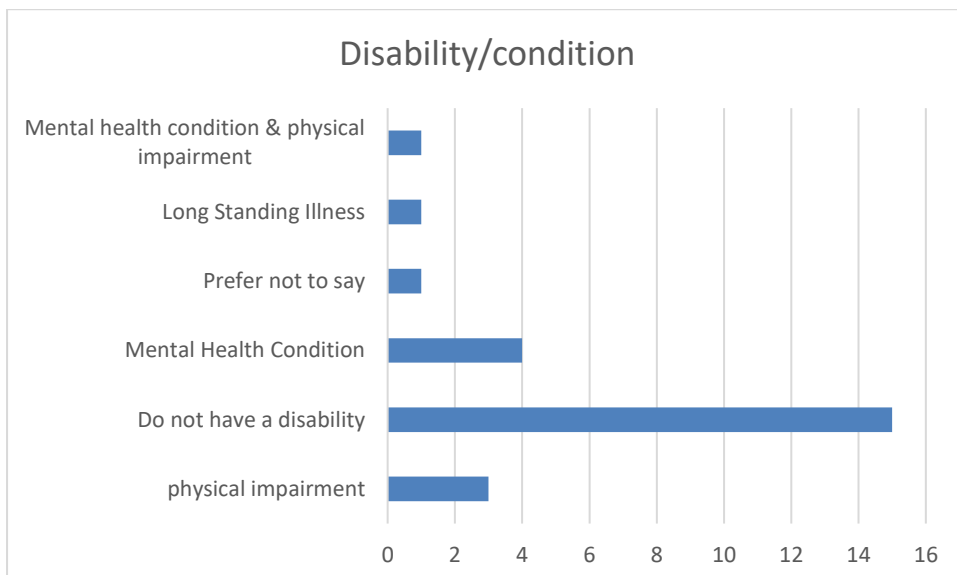
Skipped: 1



**Question 6: Do you consider yourself to have one of the following? (tick all that apply)**

Answered: 25

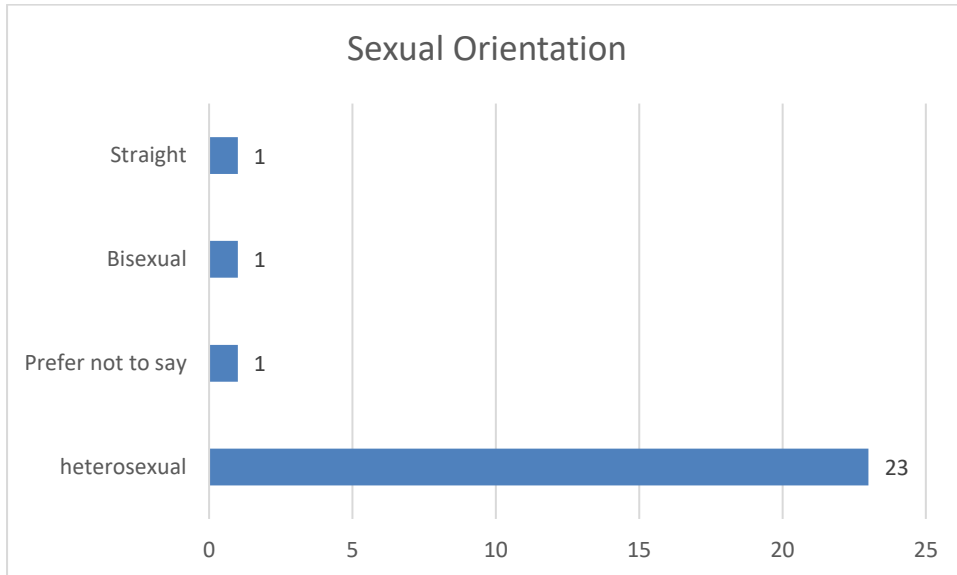
Skipped: 5



### Question 7: What is your sexual orientation?

Answered: 26

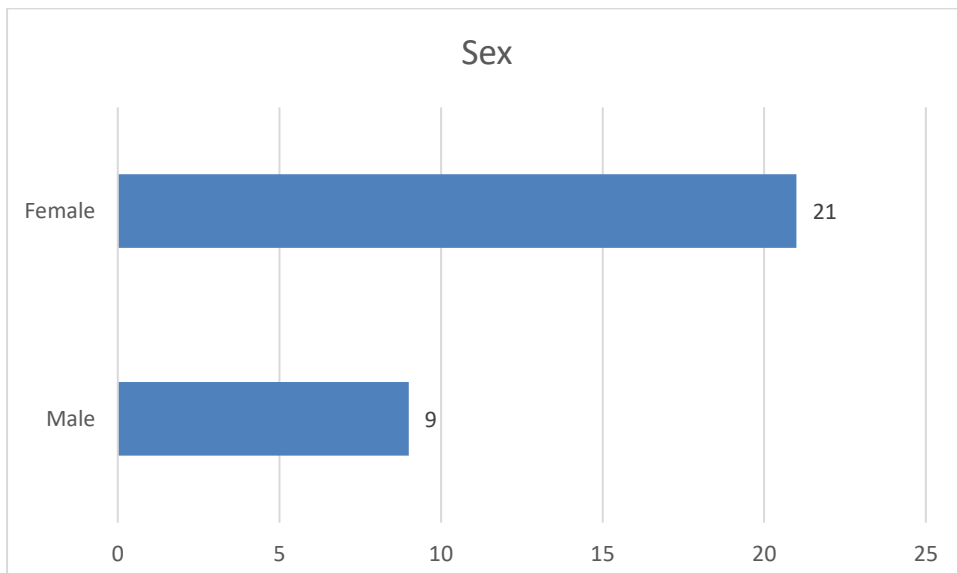
Skipped: 4



### Question 8: What is your sex?

Answered: 30

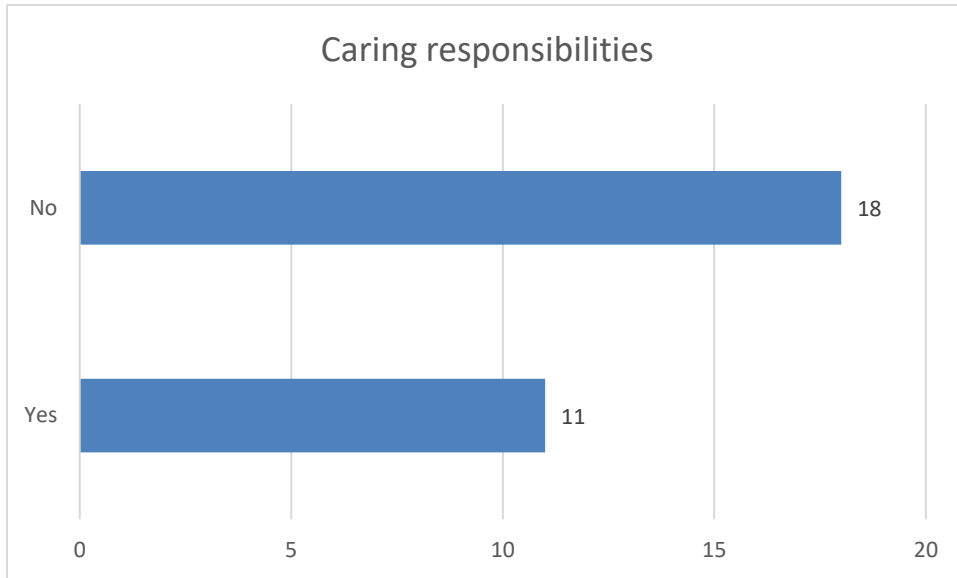
Skipped: 0



**Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**

Answered: 29

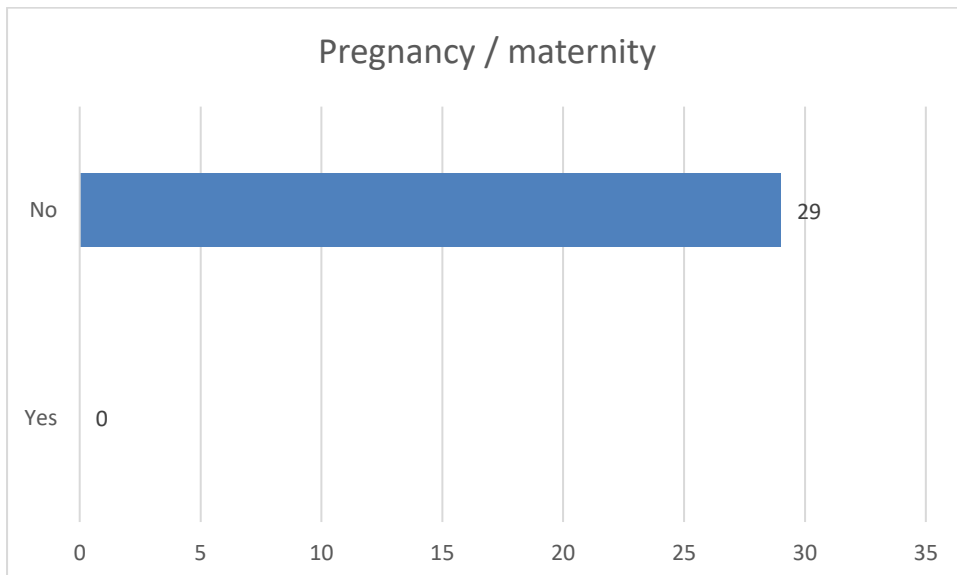
Skipped: 1



**Question 10: Are you pregnant?**

Answered: 29

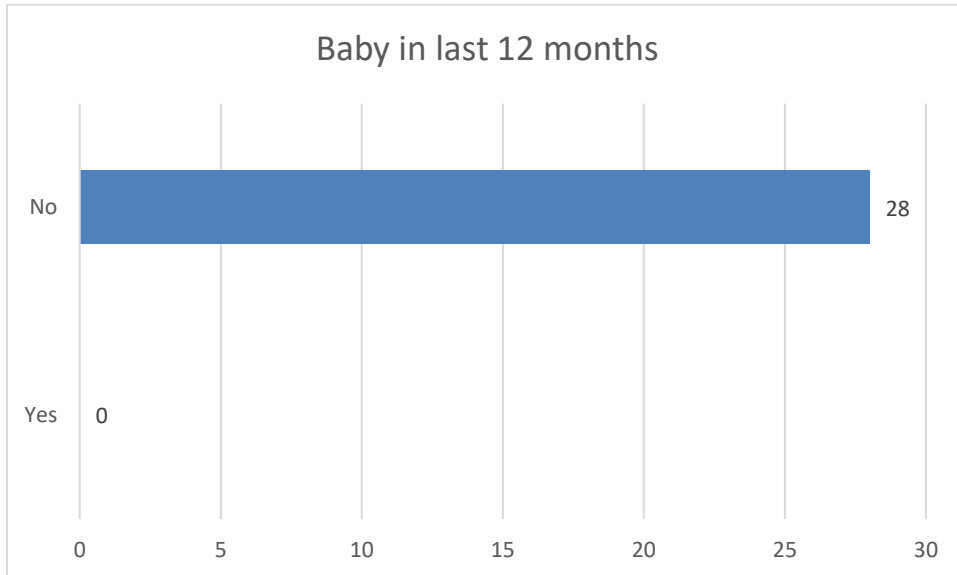
Skipped: 1



**Question 11: Have you had a baby in the last 12 months?**

Answered: 28

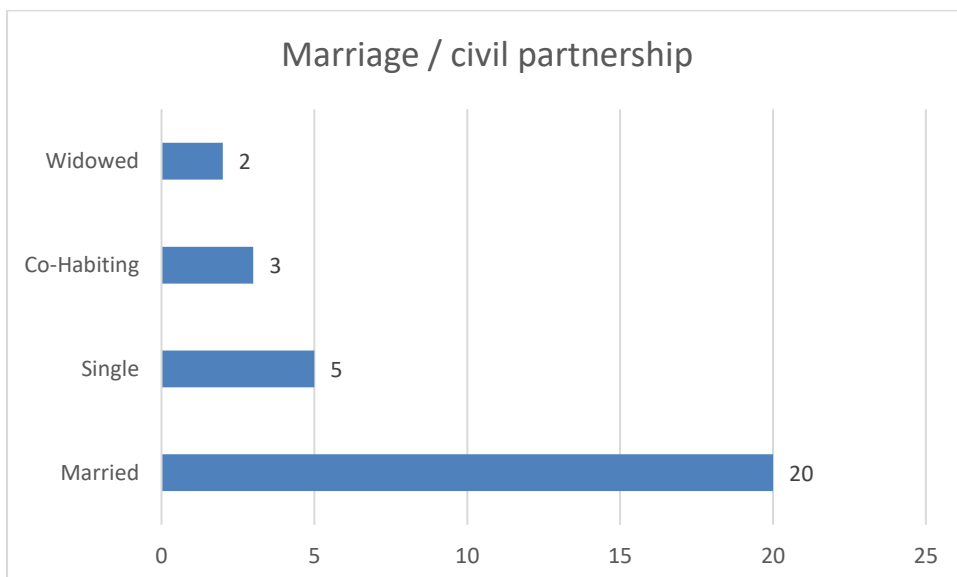
Skipped: 2



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 30

Skipped: 0





**Equality Monitoring for the event at The Core on the 4th of May 2017**

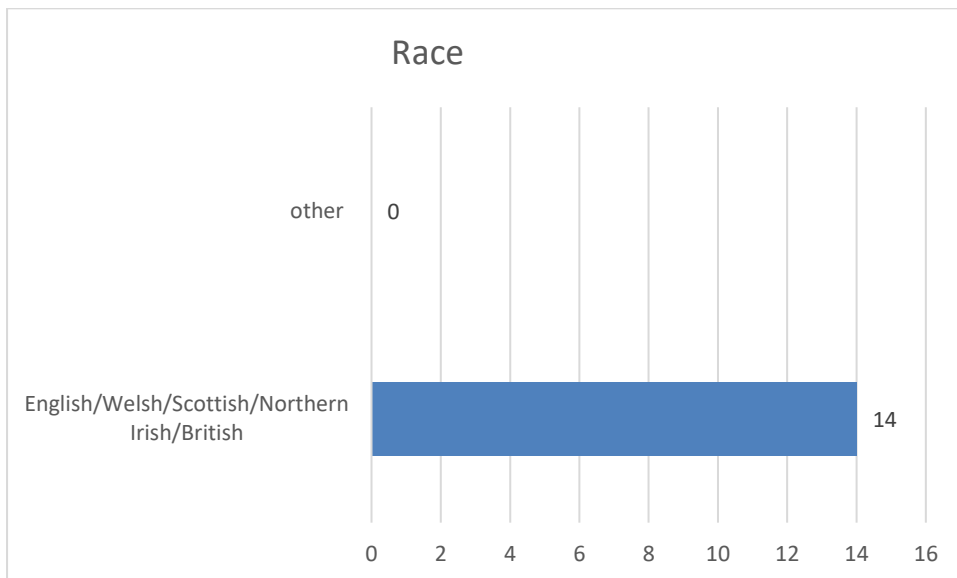
**Question 1: Date of birth**

Answered: 14 Skipped: 0

30/12/1954	27/11/1096
10/02/1973	29/04/1967
21/10/1965	05/09/1986
06/12/1953	13/03/1949
04/02/1946	16/03/1947
08/11/1984	07/05/1965
04/12/1953	

**Question 2: Race**

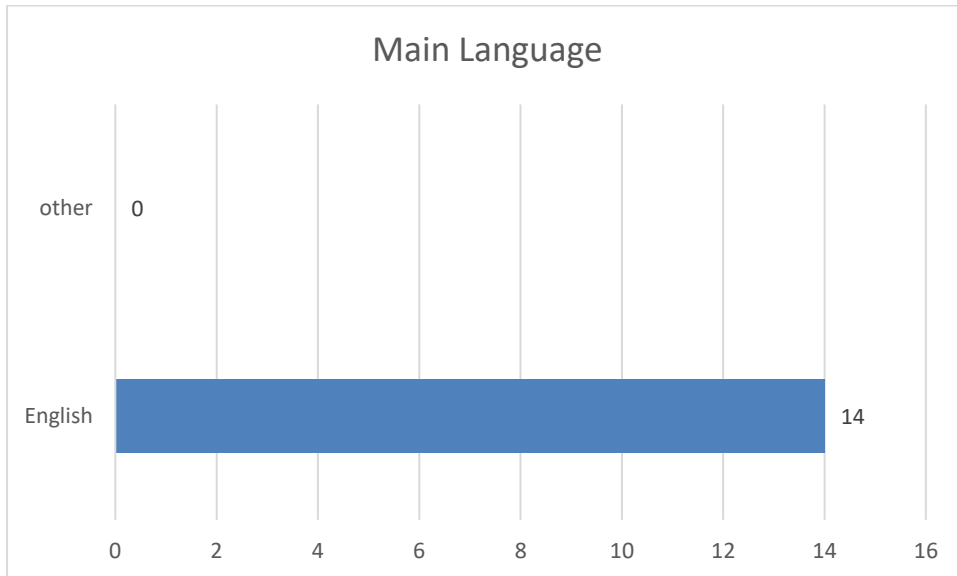
Answered: 14 Skipped: 0



**Question 3: What is your main language?**

Answered: 14

Skipped: 0



**Question 4: How well can you speak English?**

Answered: 12

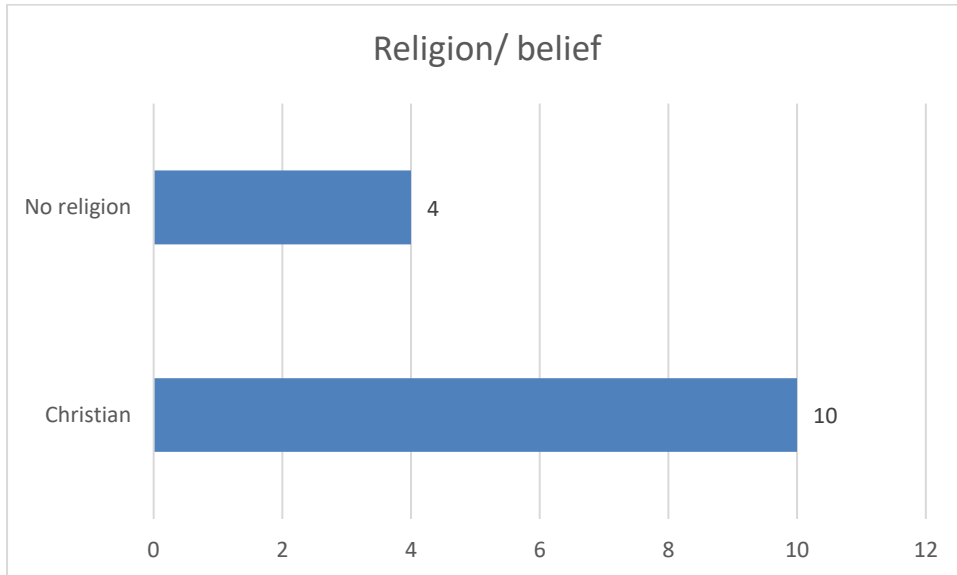
Skipped: 2

Not at all	Not very well	Well	Very well	Total
0	0	0	12	12

**Question 5: What is your religion/belief?**

Answered: 14

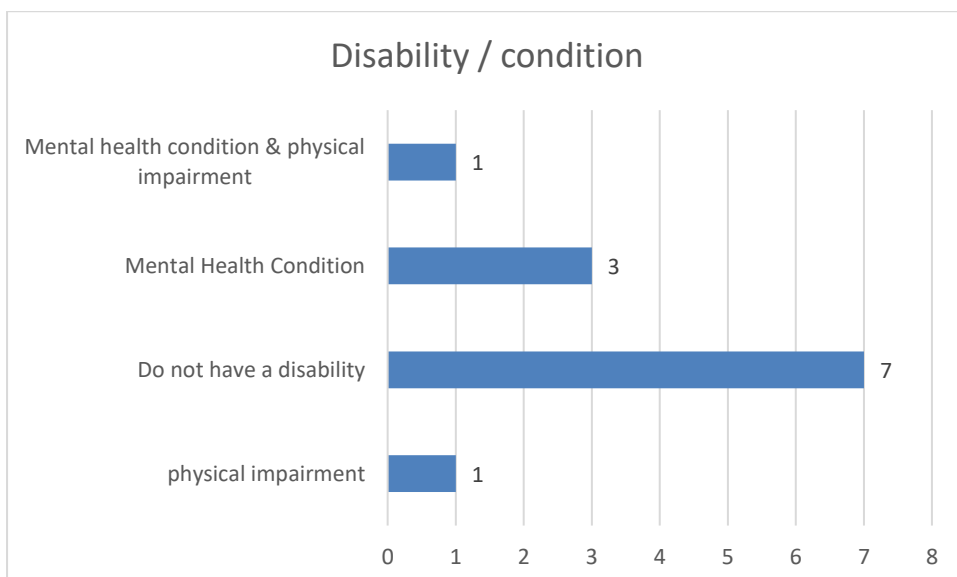
Skipped: 0



**Question 6: Do you consider yourself to have one of the following? (tick all that apply)**

Answered: 12

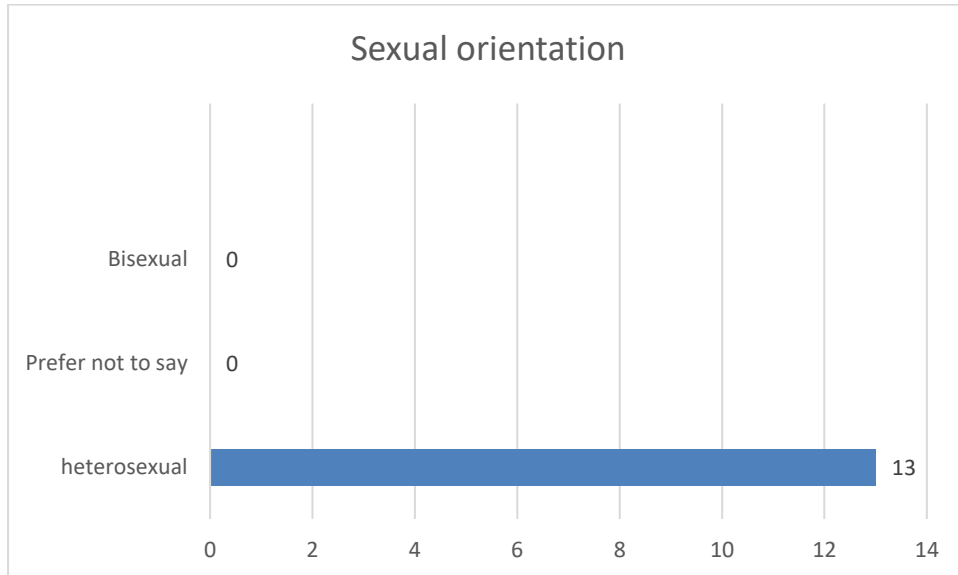
Skipped: 2



### Question 7: What is your sexual orientation?

Answered: 13

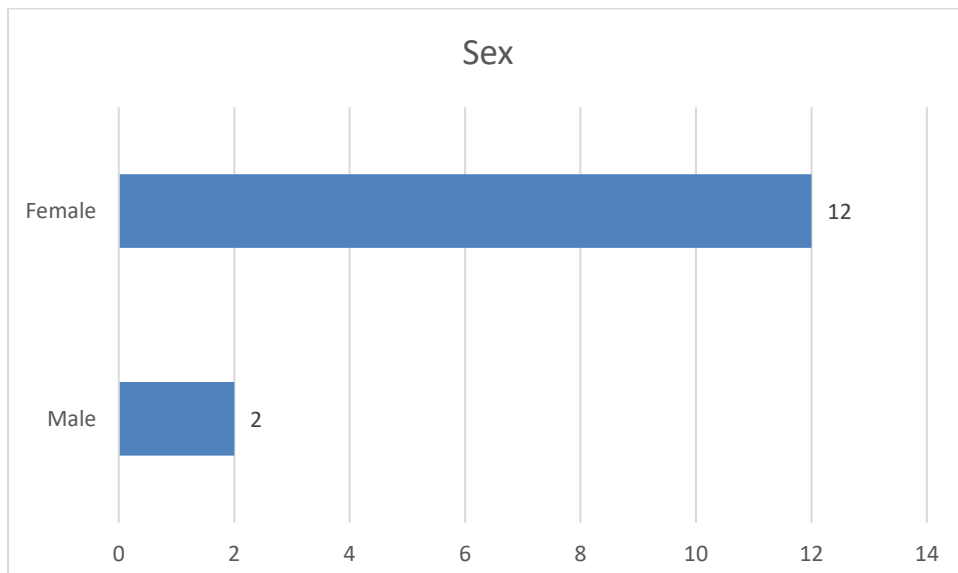
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### Question 8: What is your sex?

Answered: 14

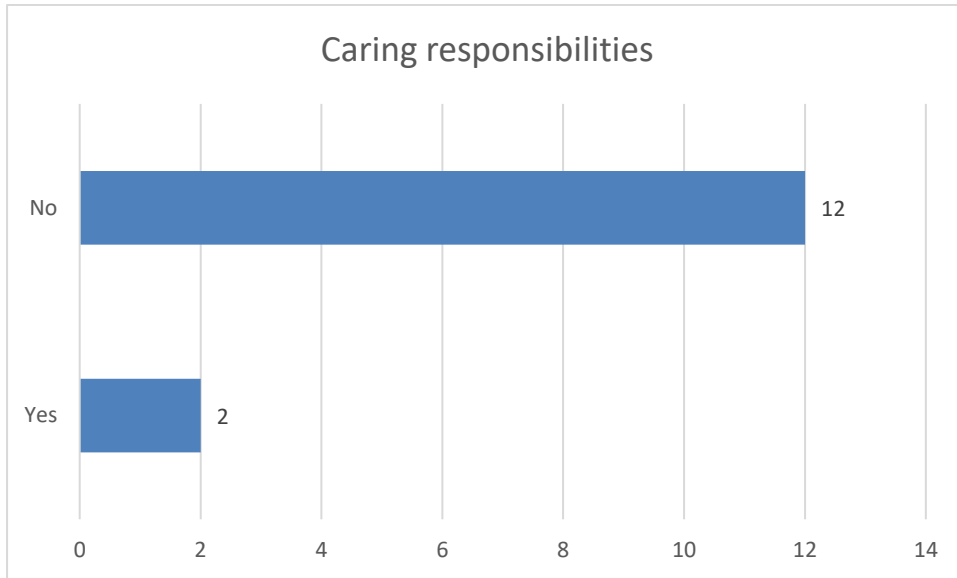
Skipped: 0



**Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**

Answered: 14

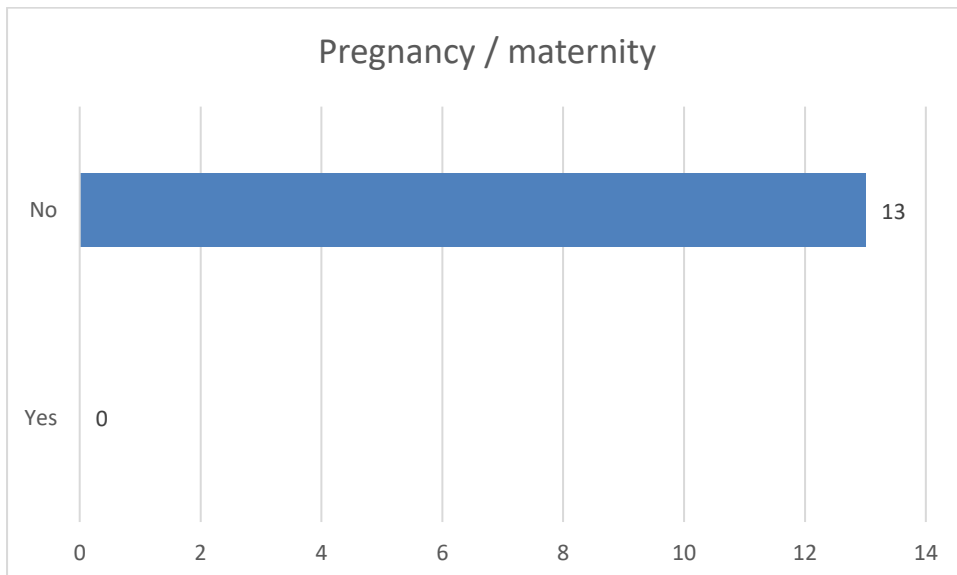
Skipped: 0



**Question 10: Are you pregnant?**

Answered: 13

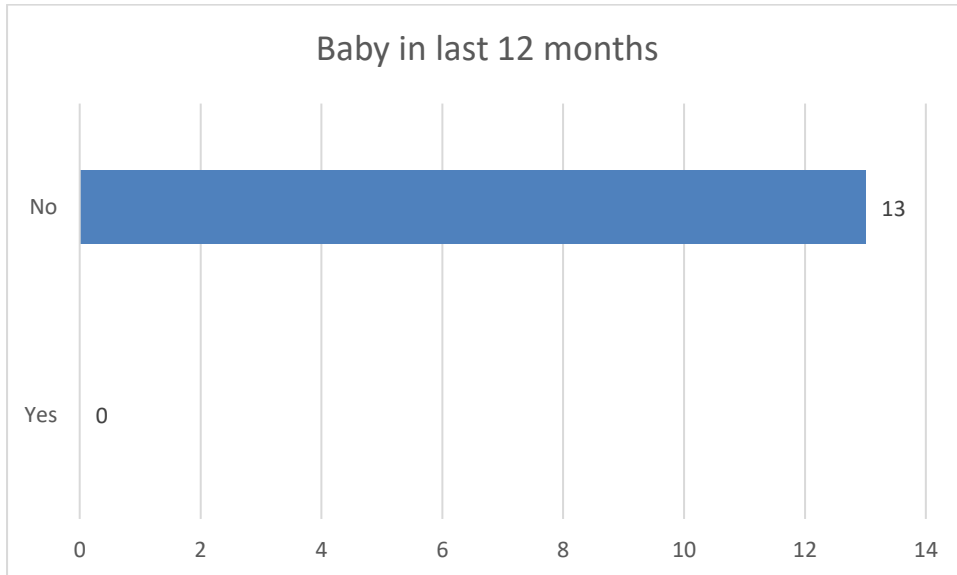
Skipped: 1



**Question 11: Have you had a baby in the last 12 months?**

Answered: 13

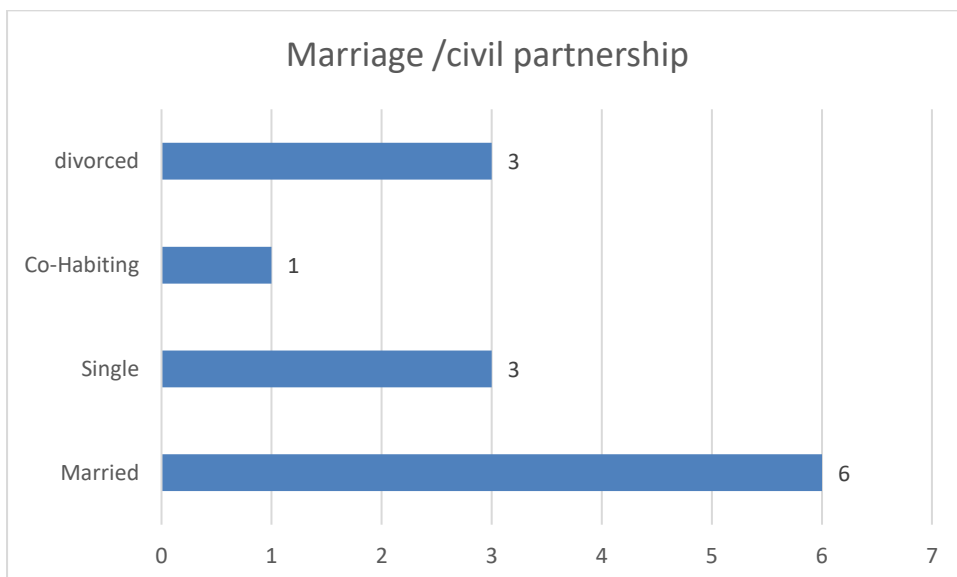
Skipped: 1



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 13

Skipped: 1



**Equality Monitoring for the event at The Elsie Whitley Centre on the 5th of May 2017**

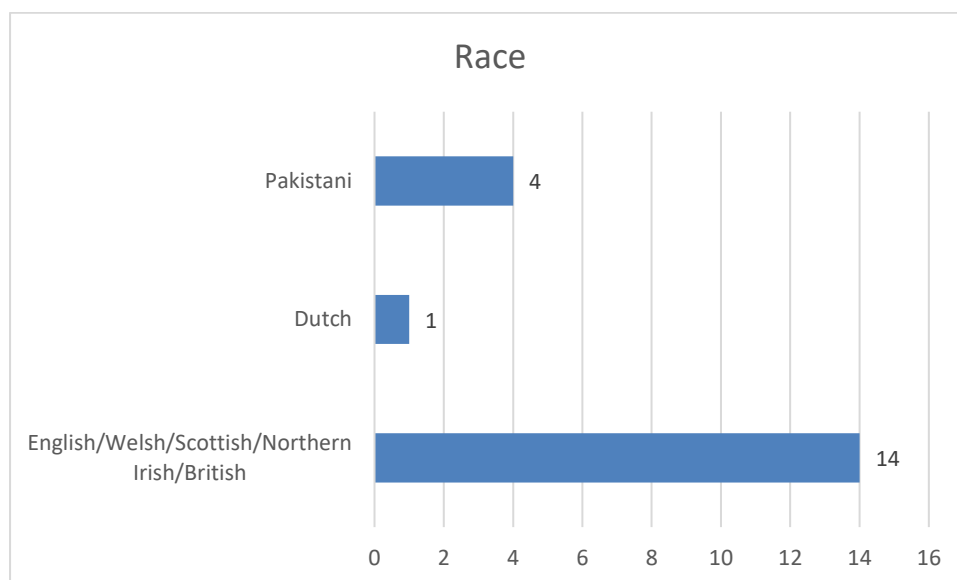
**Question 1: Date of birth**

Answered: 17      Skipped: 2      Prefer not to say: 1

01/05/1958	08/06/1932	20/11/1967
15/06/1949	08/03/1969	19/02/1969
31/03/1936	10/08/1962	18/01/1978
18/12/1970	26/08/1959	23/02/1947
25/05/1957	31/05/1969	17/07/1982
22/03/1958	14/11/1991	

**Question 2: Race**

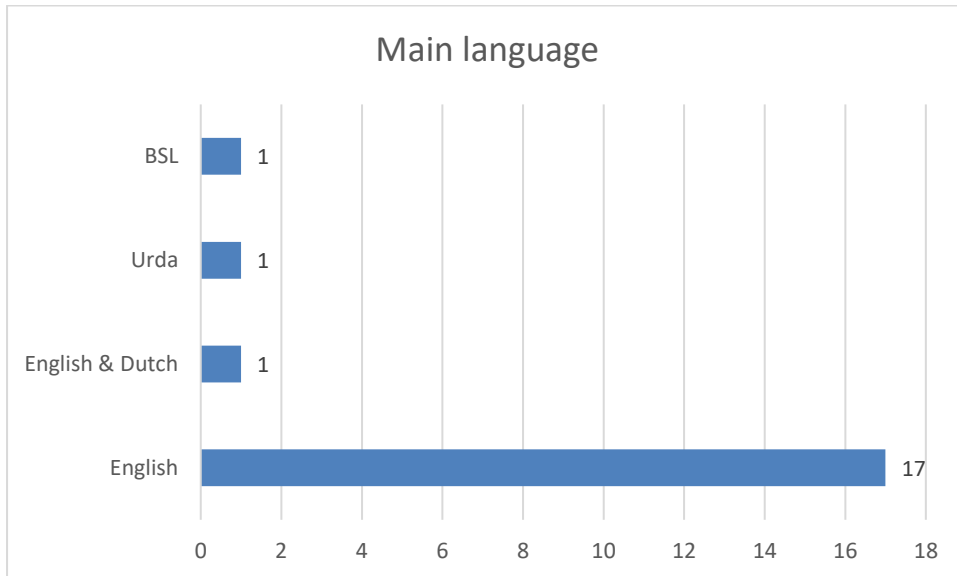
Answered: 19      Skipped: 1



**Question 3: What is your main language?**

Answered: 20

Skipped: 0



**Question 4: How well can you speak English?**

Answered: 20

Skipped: 0

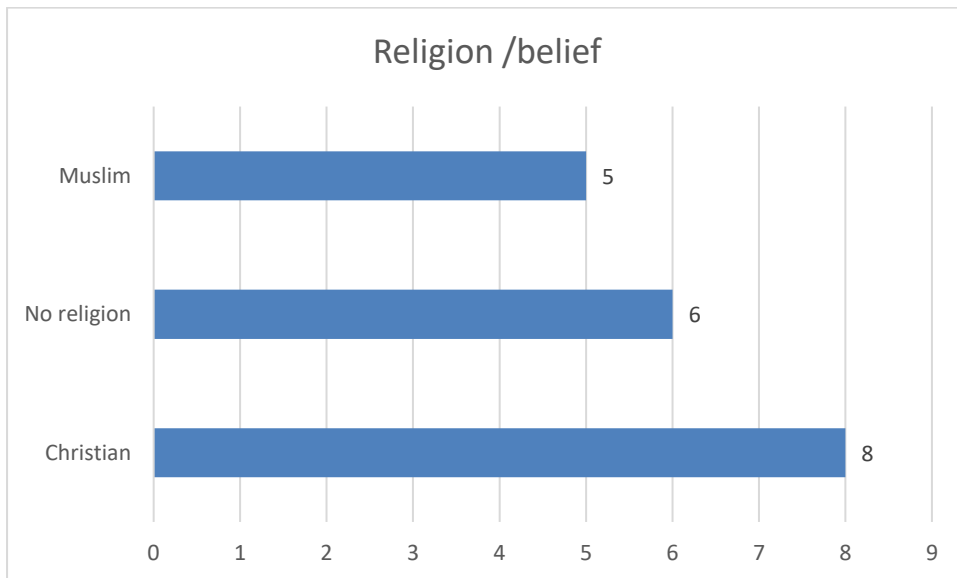
Not at all	Not very well	Well	Very well	Total
0	1	0	19	<b>20</b>



### Question 5: What is your religion/belief?

Answered: 19

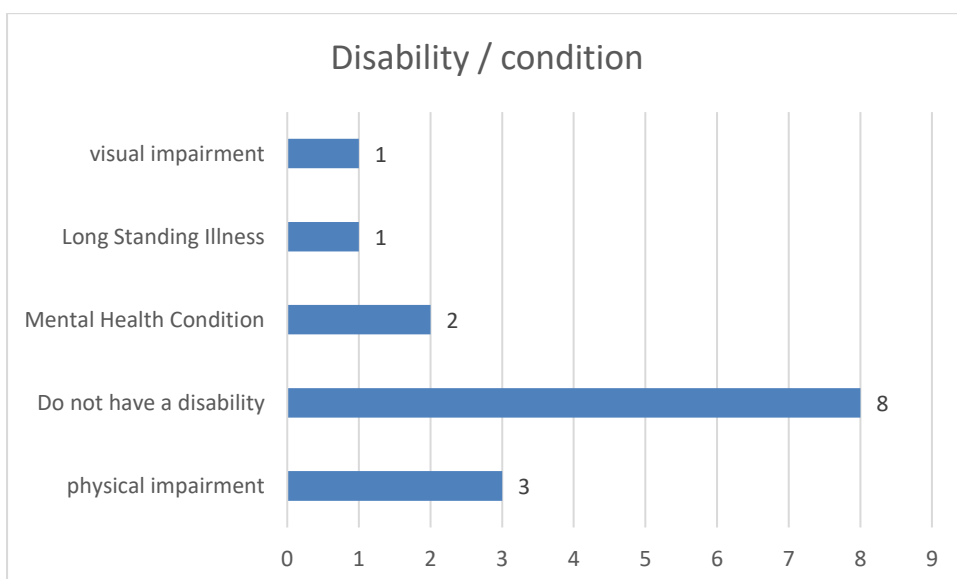
Skipped: 1



### Question 6: Do you consider yourself to have one of the following? (tick all that apply)

Answered: 15

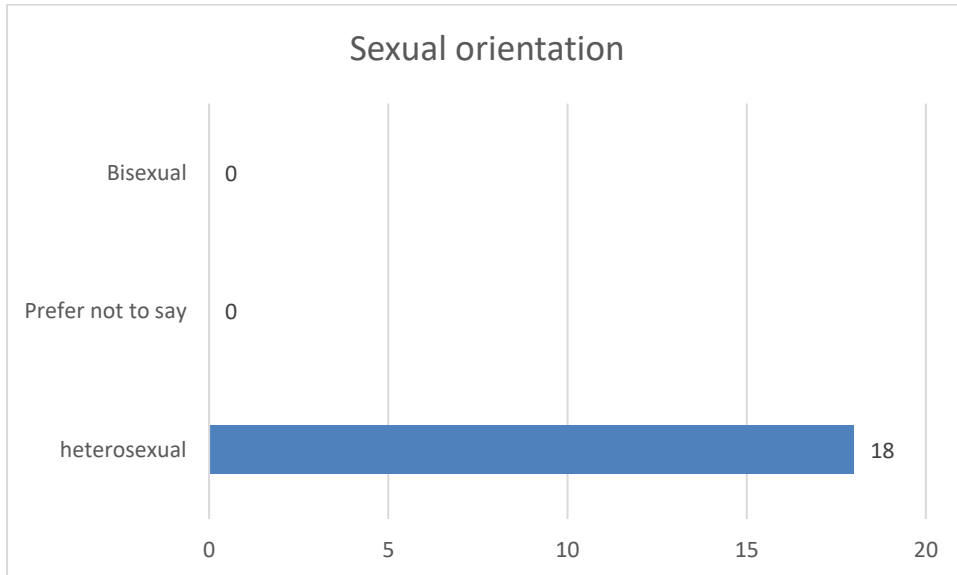
Skipped: 5



### Question 7: What is your sexual orientation?

Answered: 18

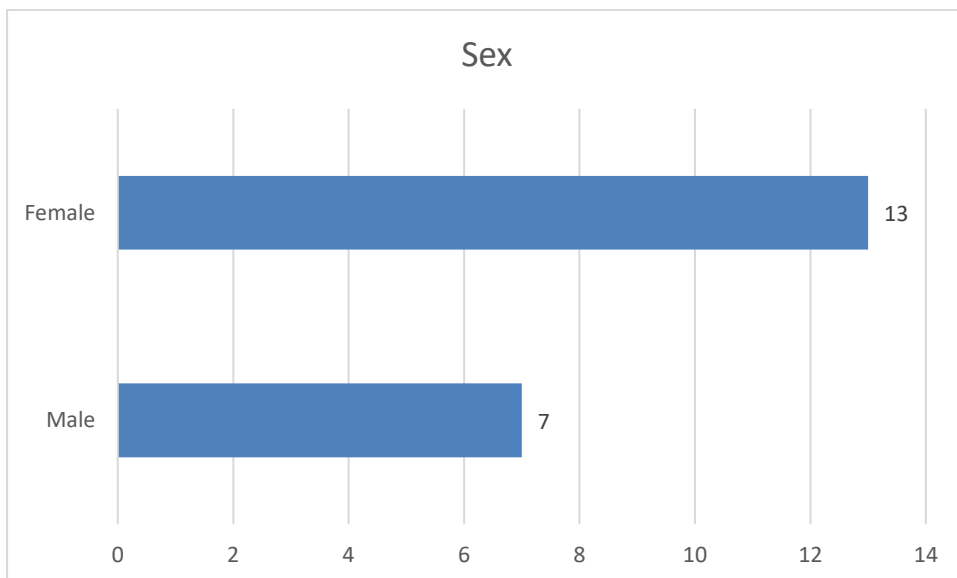
Skipped: 2



### Question 8: What is your sex?

Answered: 20

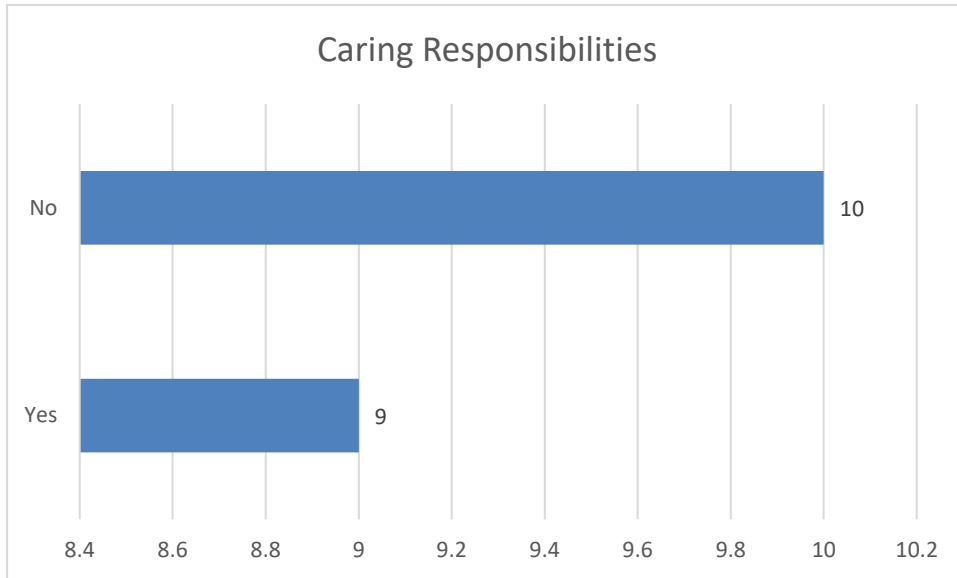
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**Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**

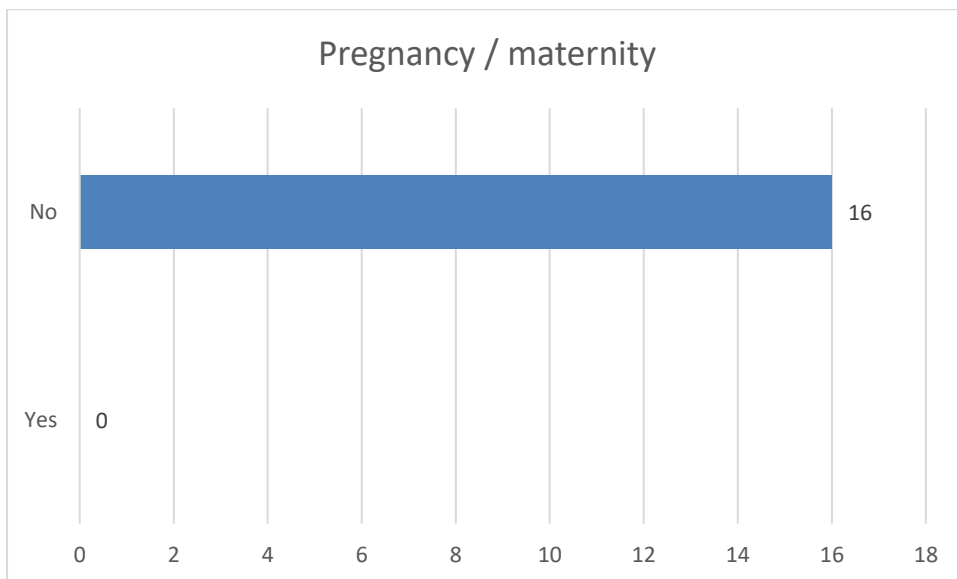
Answered: 19

Skipped: 1



**Question 10: Are you pregnant?**

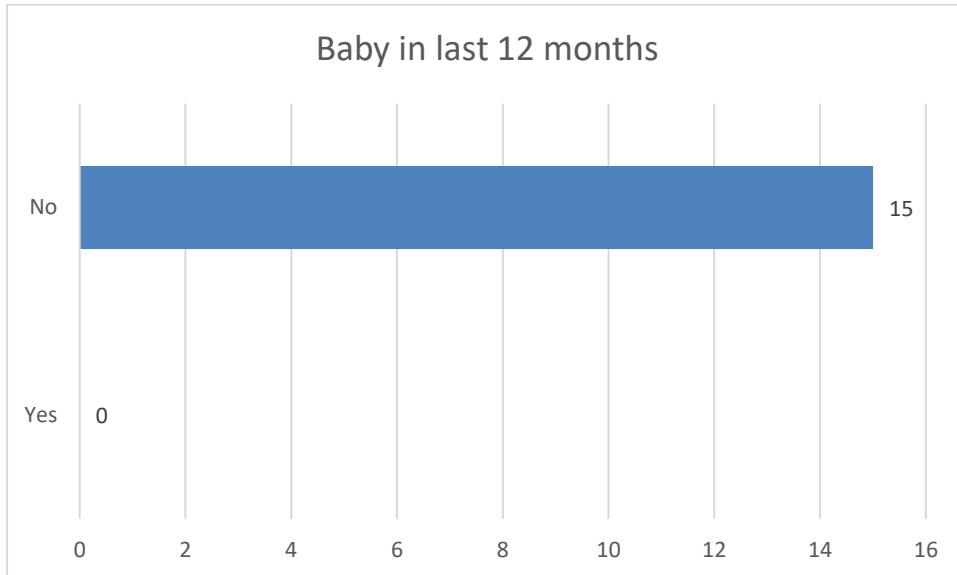
Answered: 16 Skipped: 4



**Question 11: Have you had a baby in the last 12 months?**

Answered: 15

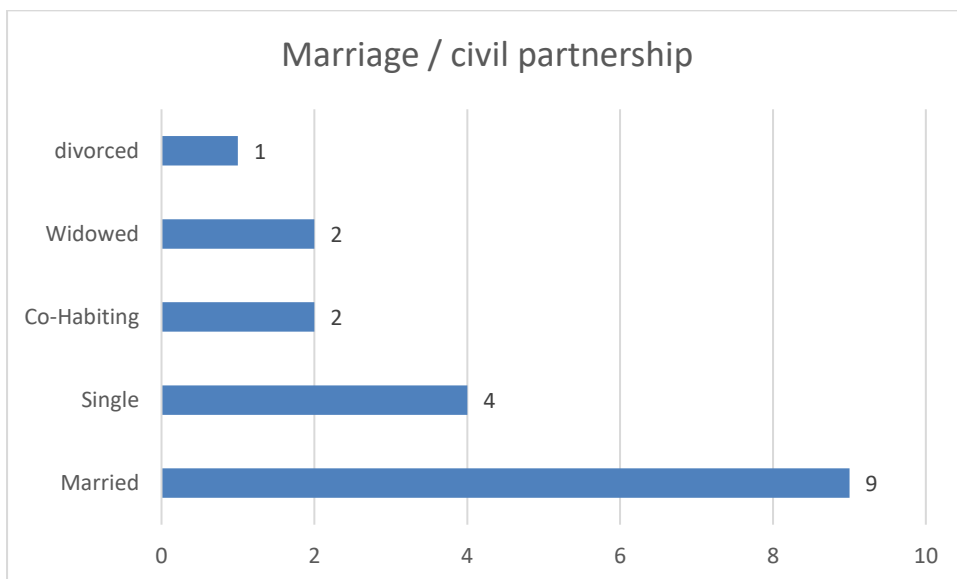
Skipped: 5



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 18

Skipped: 2



**Equality Monitoring for the event at St Swithen's on the 8th of May 2017**

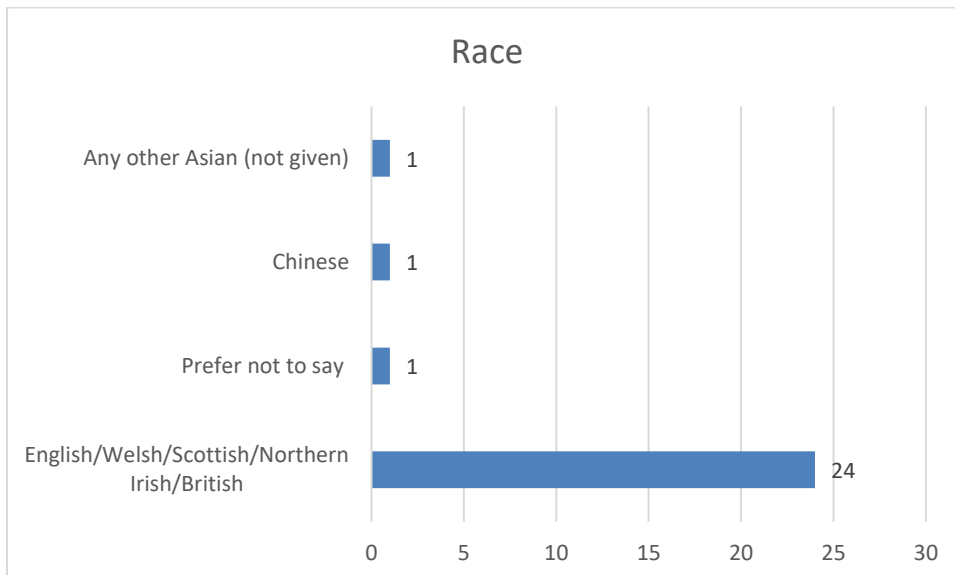
**Question 1: Date of birth**

Answered: 20      Skipped: 4      Prefer not to say: 3

17/06/1947	08/10/1947	25/07/1977
10/02/1985	20/10/1966	02/02/1962
02/08/1968	21/04/1975	12/05/1992
24/01/1962	26/07/1939	12/11/1941
23/11/1949	04/10/1945	17/02/1959
04/06/1947	22/02/1991	25/03/1964
31/12/1965	29/09/1982	

**Question 2: Race**

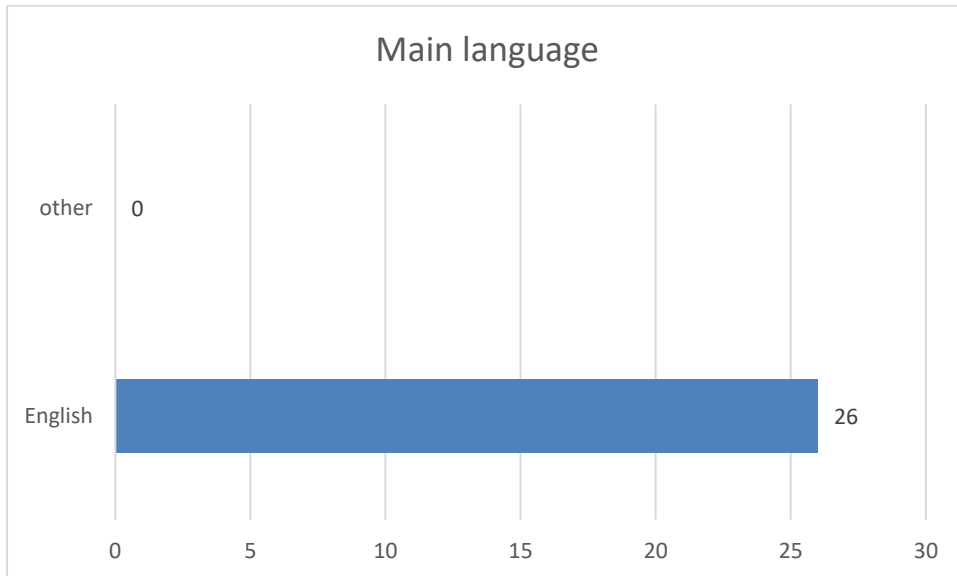
Answered: 27      Skipped: 0



**Question 3: What is your main language?**

Answered: 26

Skipped: 1



**Question 4: How well can you speak English?**

Answered: 23

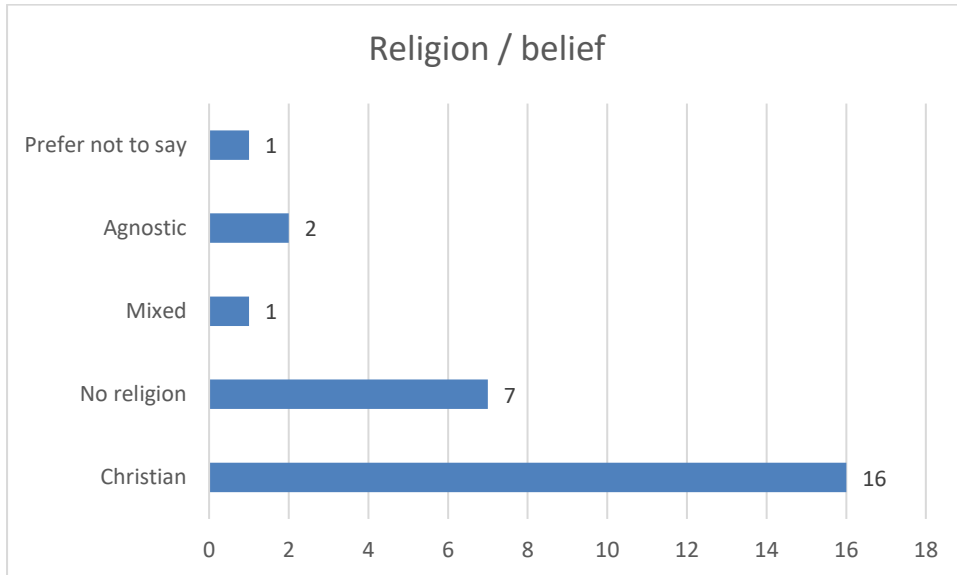
Skipped: 4

Not at all	Not very well	Well	Very well	Total
0	0	1	22	23

**Question 5: What is your religion/belief?**

Answered: 27

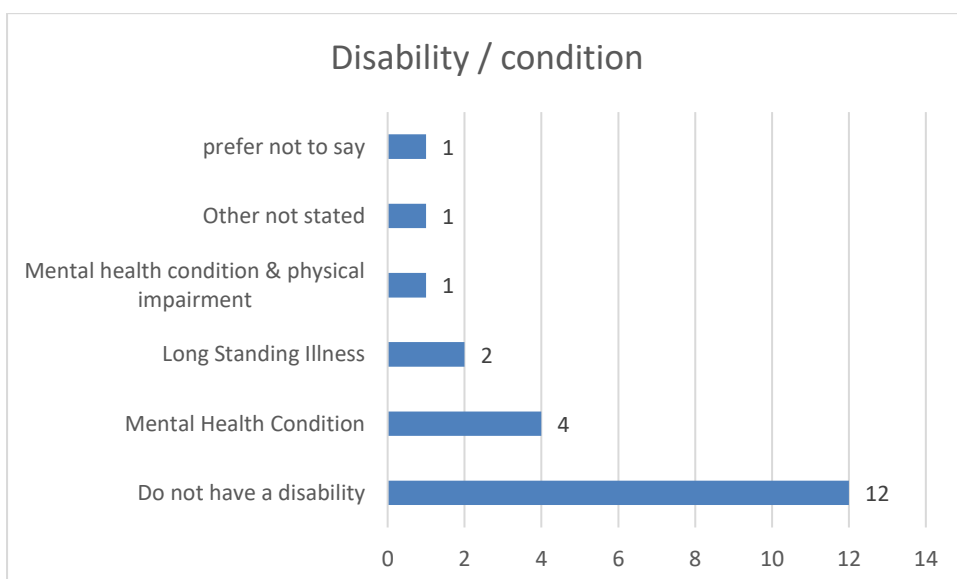
Skipped: 0



**Question 6: Do you consider yourself to have one of the following? (tick all that apply)**

Answered: 21

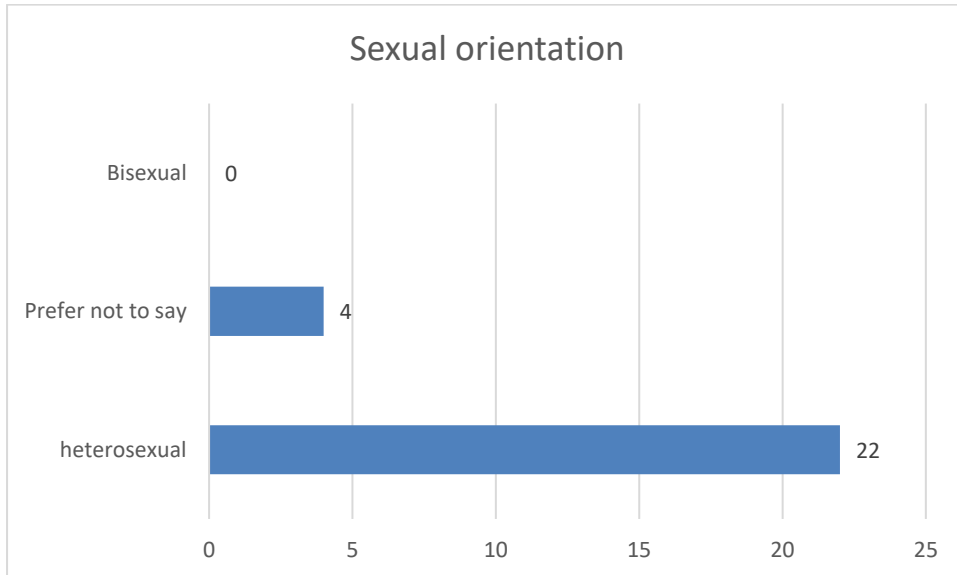
Skipped: 6



### Question 7: What is your sexual orientation?

Answered: 26

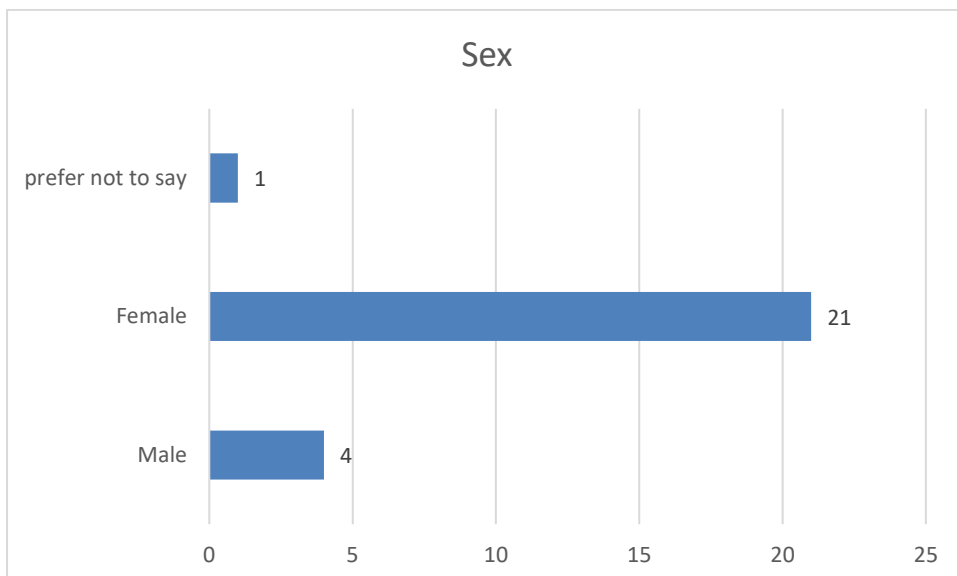
Skipped: 1



### Question 8: What is your sex?

Answered: 26

Skipped: 1

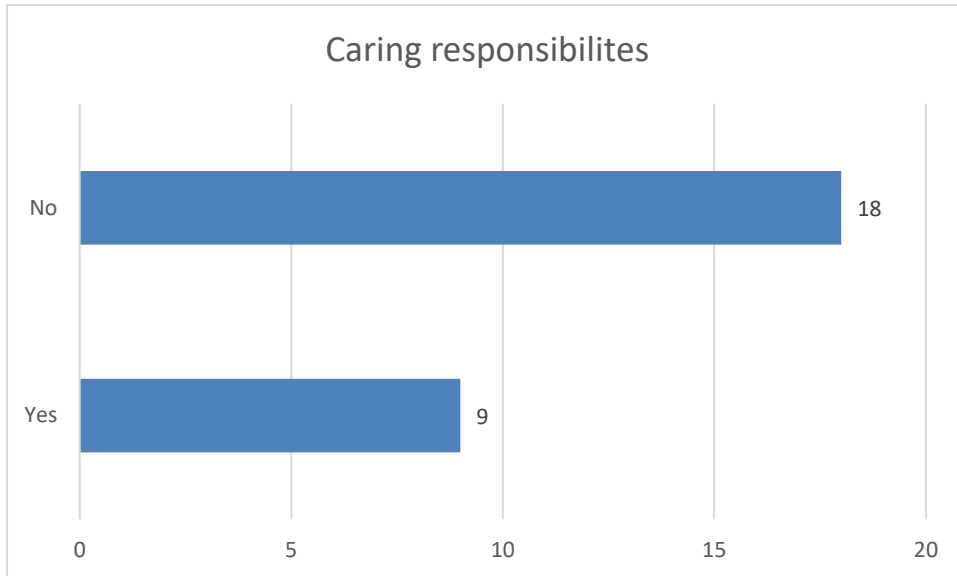




**Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**

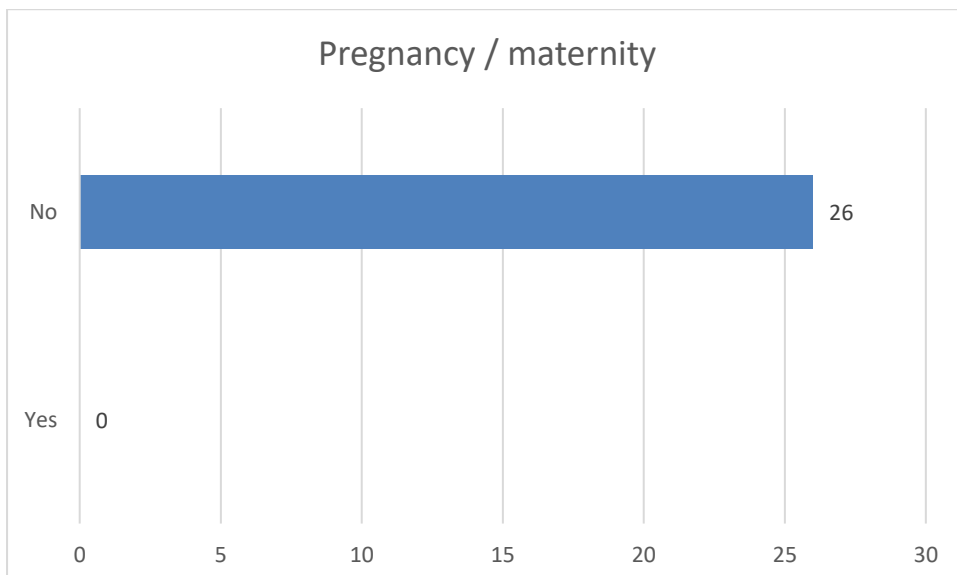
Answered: 27

Skipped: 0



**Question 10: Are you pregnant?**

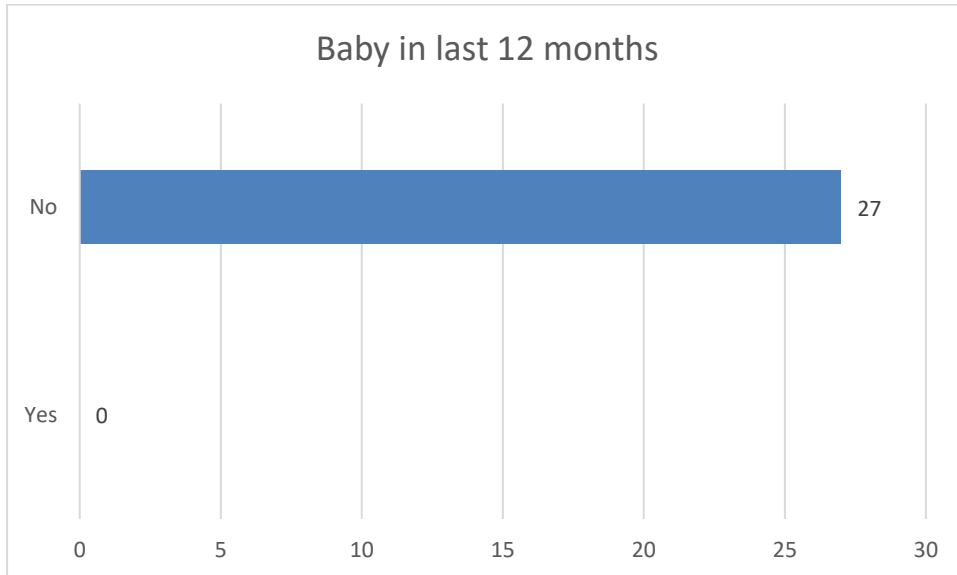
Answered: 26 Skipped: 1



**Question 11: Have you had a baby in the last 12 months?**

Answered: 27

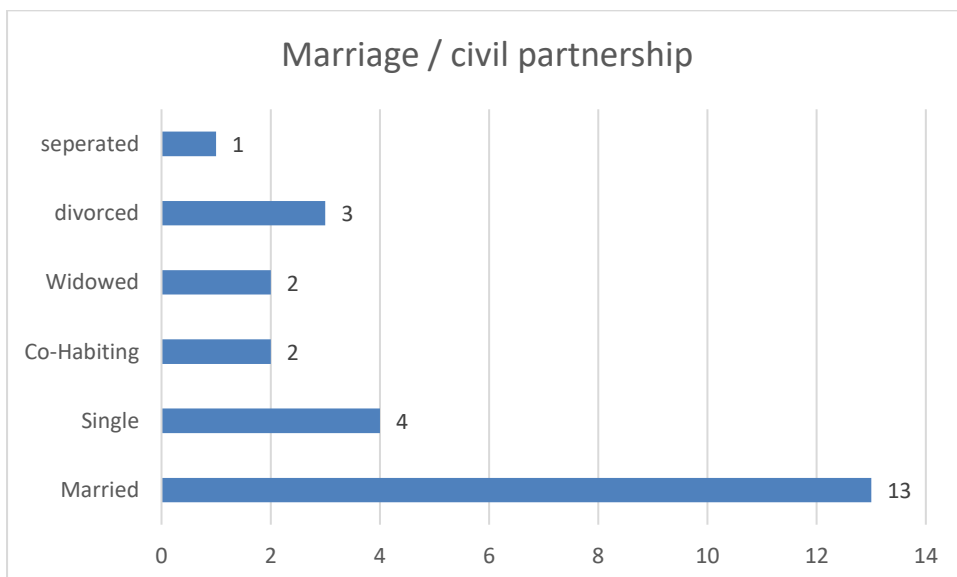
Skipped: 0



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 25

Skipped: 2



**Equality Monitoring for the Afro Caribbean focus group at the Global Diversity  
Positive Action Building on the 16<sup>th</sup> of May 2018**

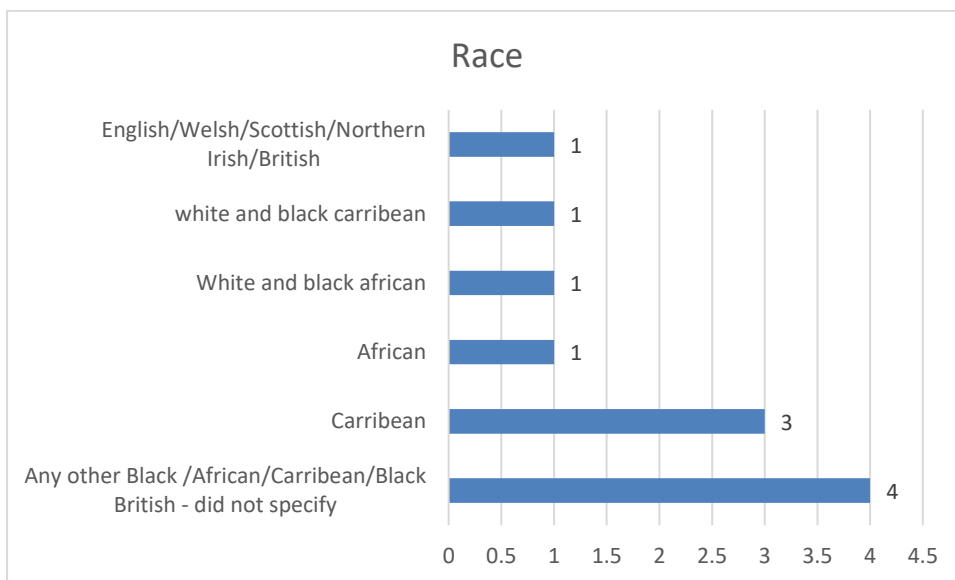
**Question 1: Date of birth**

Answered: 10      Skipped: 0      Prefer not to say: 1

28/06/1971	22/04/1948	10/06/1953
09/08/1965	09/03/1967	18/06/1934
26/04/1965	20/06/1988	1968
24/04/1989		

**Question 2: Race**

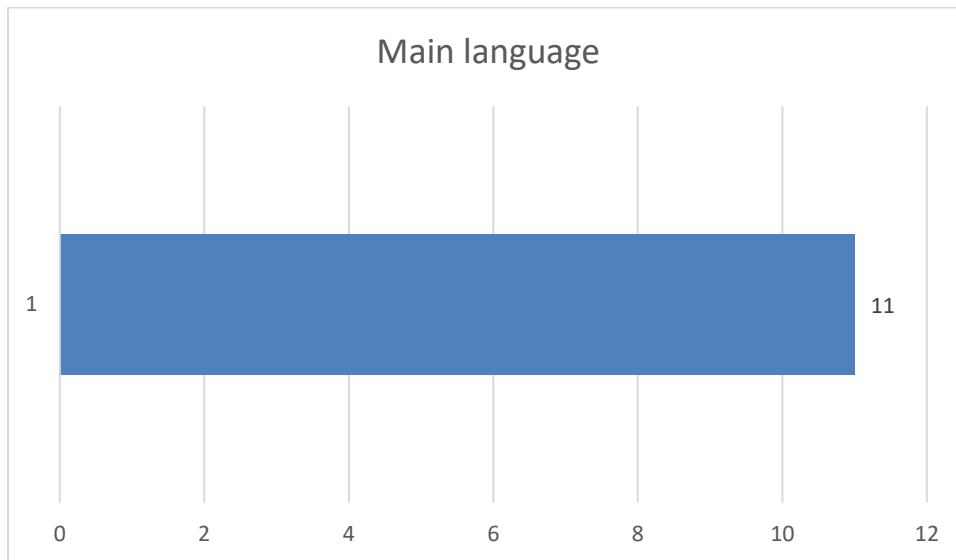
Answered: 11      Skipped: 0



**Question 3: What is your main language?**

Answered: 11

Skipped: 0



**Question 4: How well can you speak English?**

Answered: 11

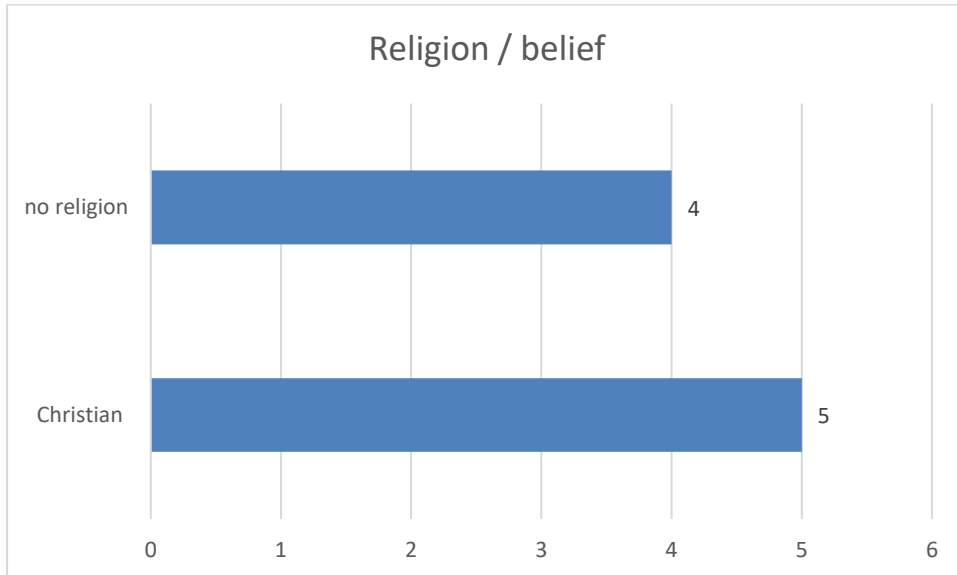
Skipped: 0

Not at all	Not very well	Well	Very well	Total
0	0	2	9	11

**Question 5: What is your religion/belief?**

Answered: 9

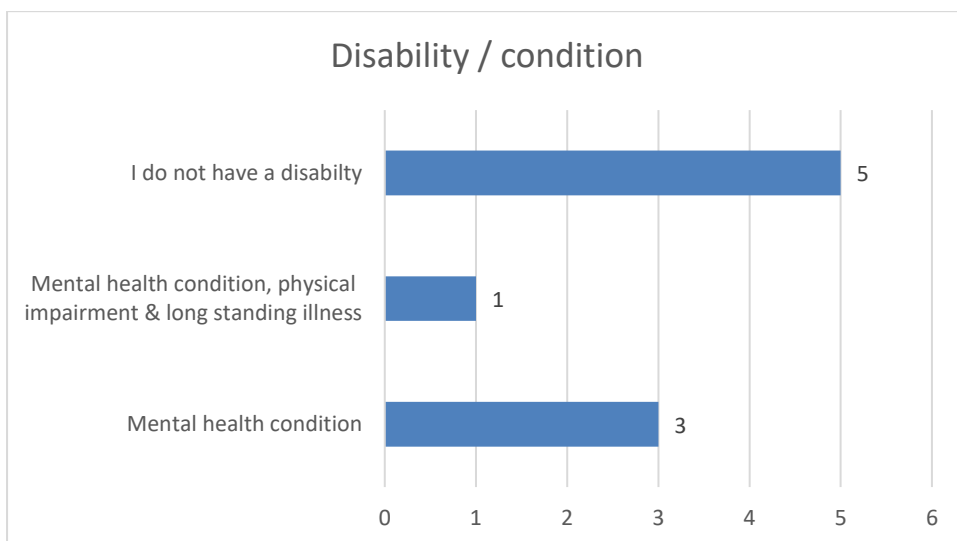
Skipped: 2



**Question 6: Do you consider yourself to have one of the following? (tick all that apply)**

Answered: 9

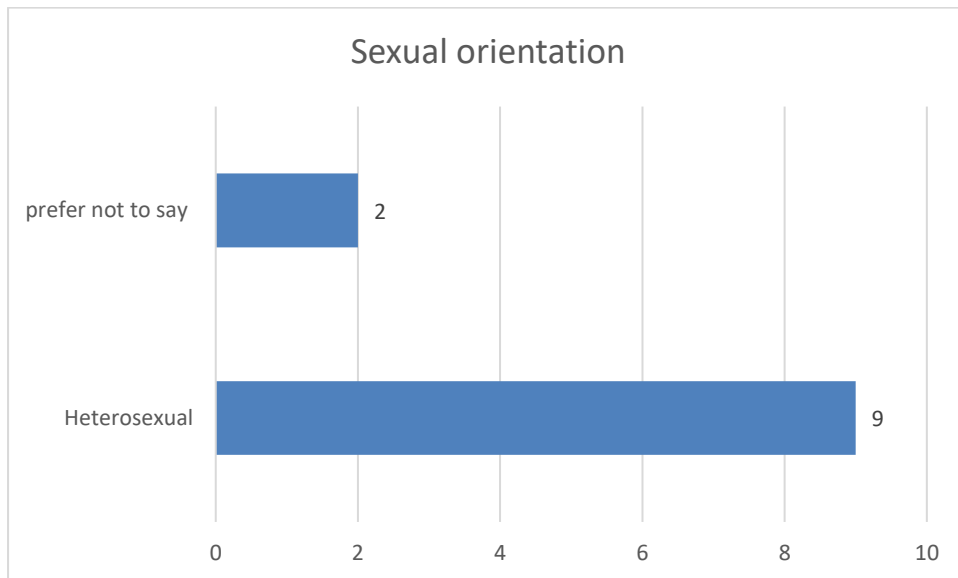
Skipped: 2



### Question 7: What is your sexual orientation?

Answered: 11

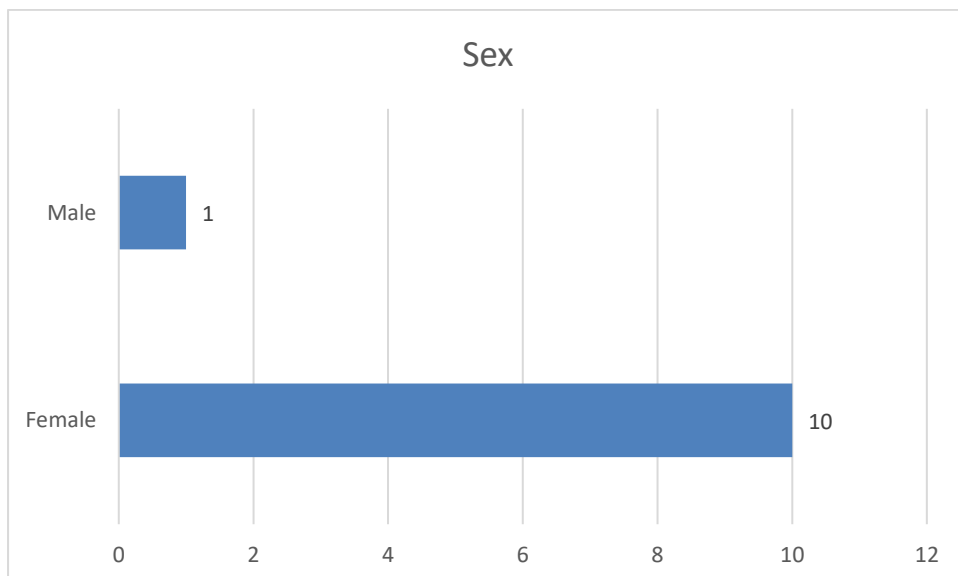
Skipped: 0



### Question 8: What is your sex?

Answered: 11

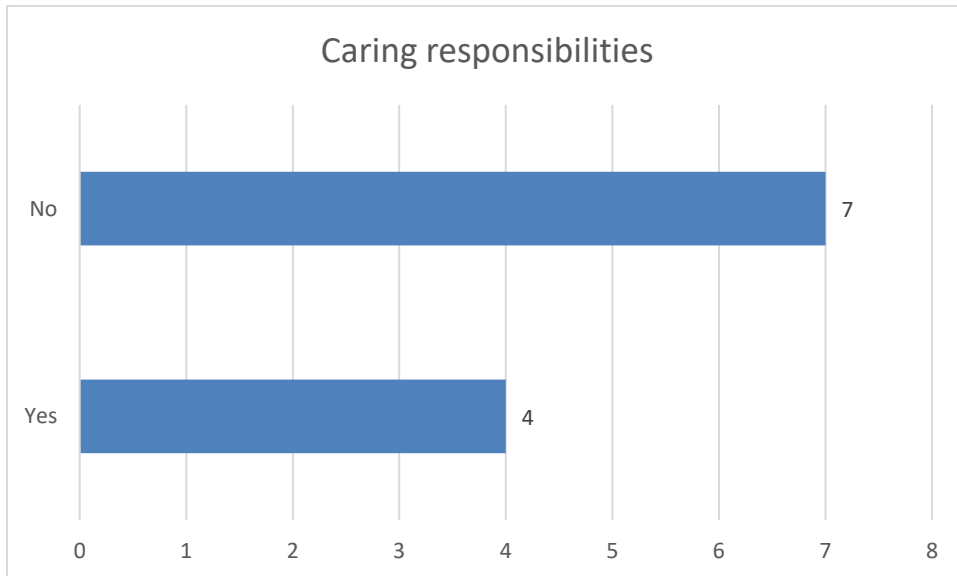
Skipped: 0



**Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**

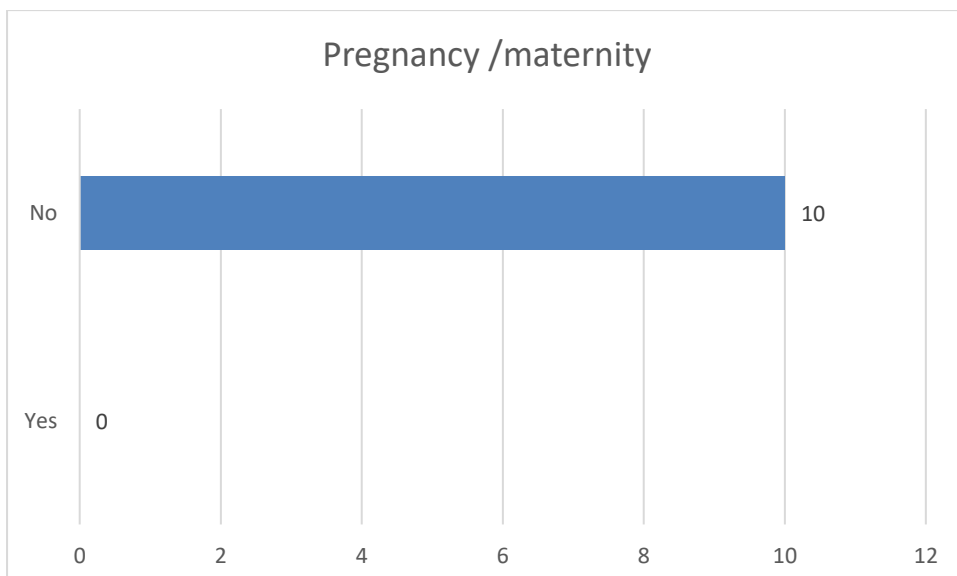
Answered: 11

Skipped: 0



**Question 10: Are you pregnant?**

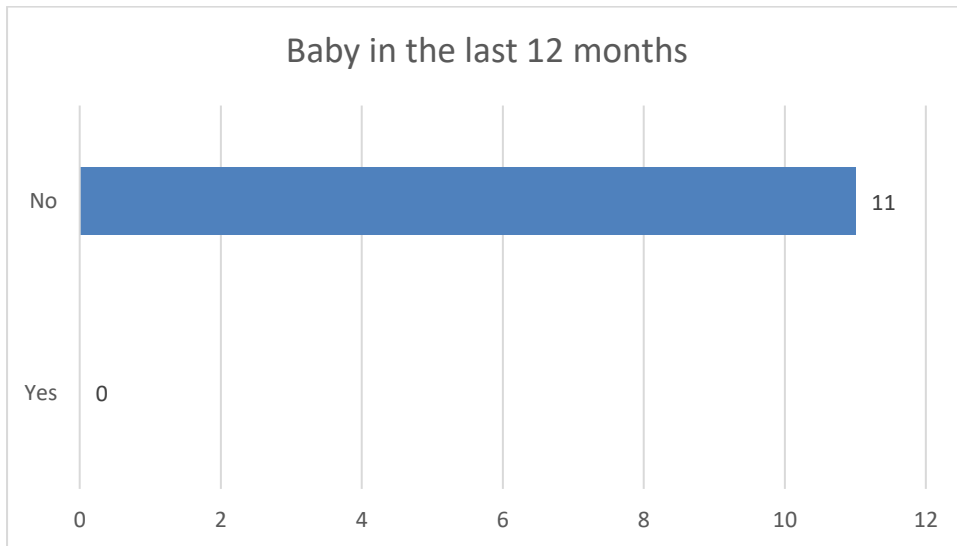
Answered: 10 Skipped: 1



**Question 11: Have you had a baby in the last 12 months?**

Answered: 8

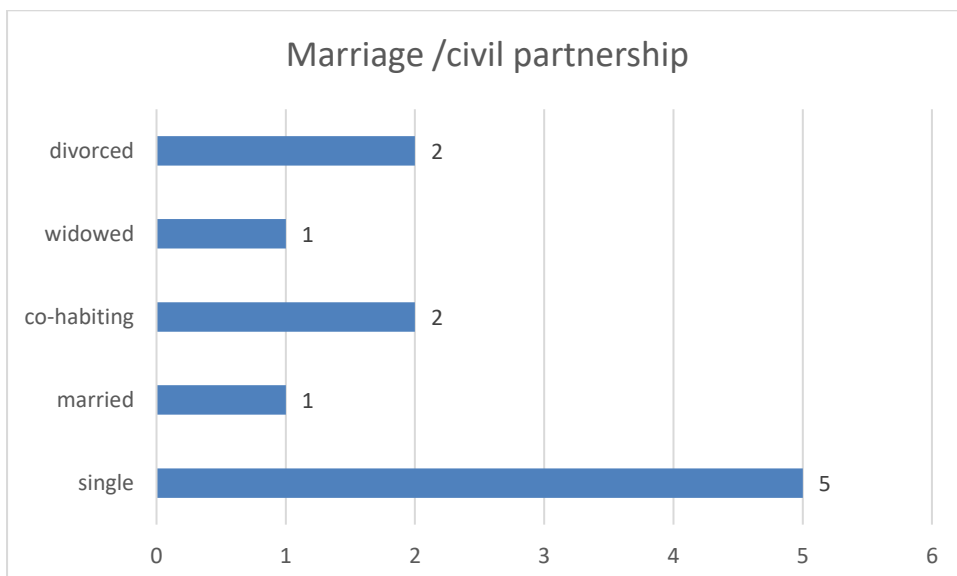
Skipped: 0



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 11

Skipped: 0





**Equality Monitoring for the LGBTQ Focus group on the 14<sup>th</sup> of February 2019**

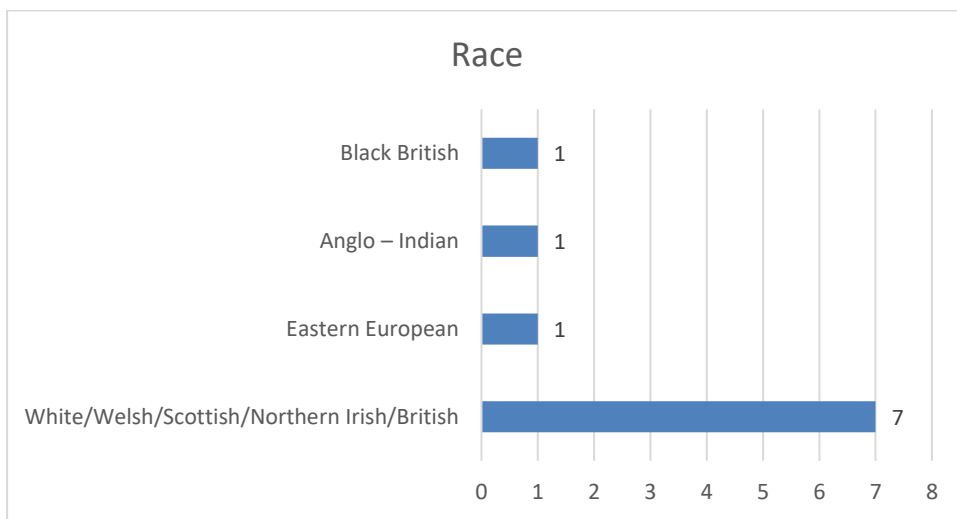
**Question 1: Date of birth**

None recorded

**Question 2: Race**

Answered: 10

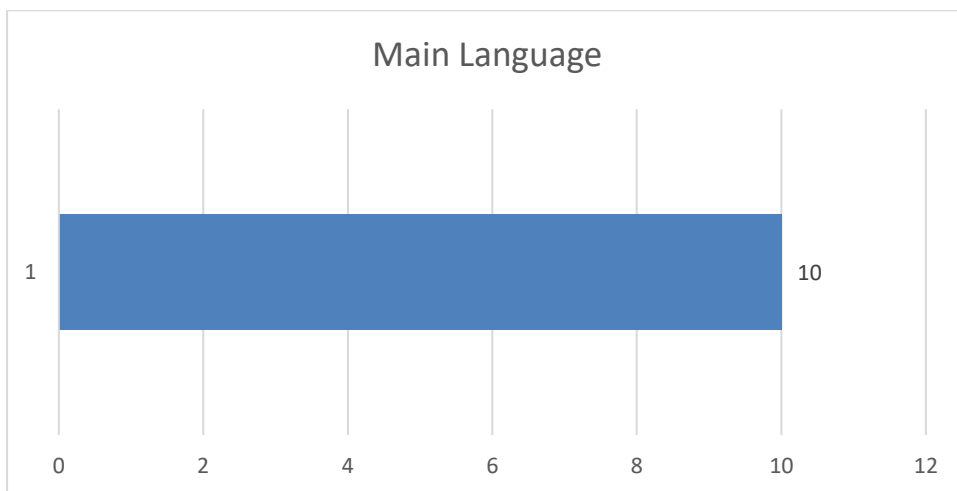
Skipped: 0



**Question 3: What is your main language?**

Answered: 10

Skipped: 0



**Question 4: How well can you speak English?**

Answered: 10

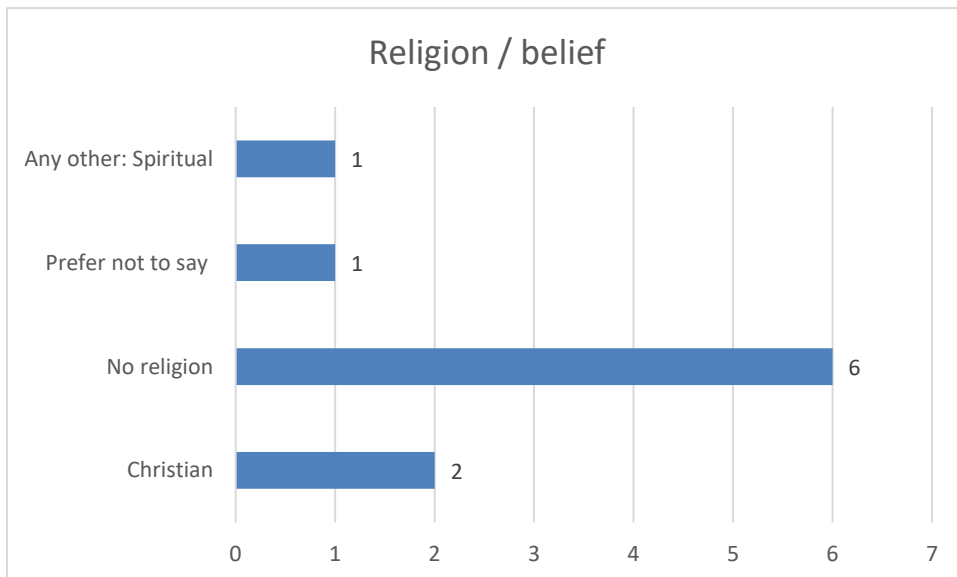
Skipped: 0

Not at all	Not very well	Well	Very well	Total
0	0	0	10	<b>10</b>

**Question 5: What is your religion/belief?**

Answered: 10

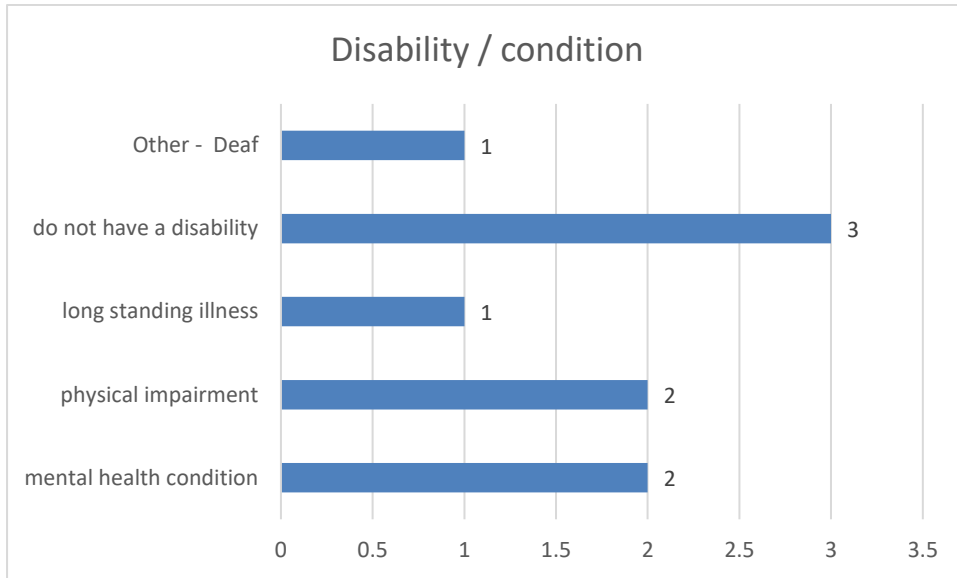
Skipped: 0



**Question 6: Do you consider yourself to have one of the following? (tick all that apply)**

Answered: 9

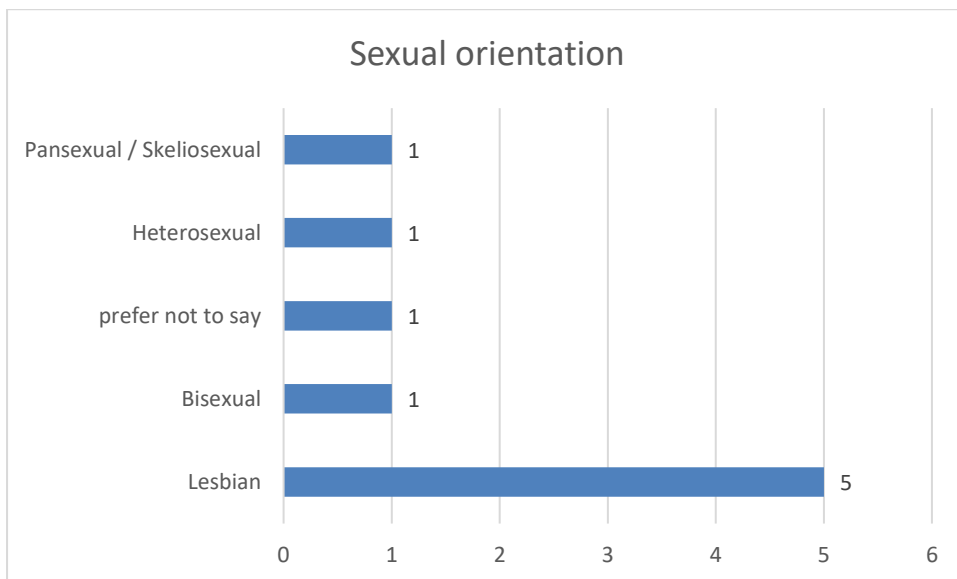
Skipped: 1



**Question 7: What is your sexual orientation?**

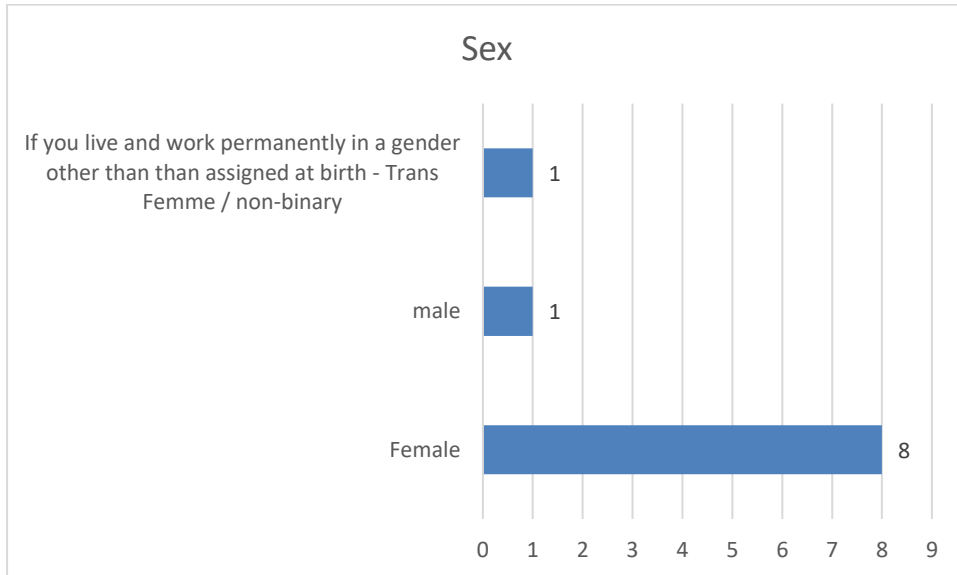
Answered: 9

Skipped: 1



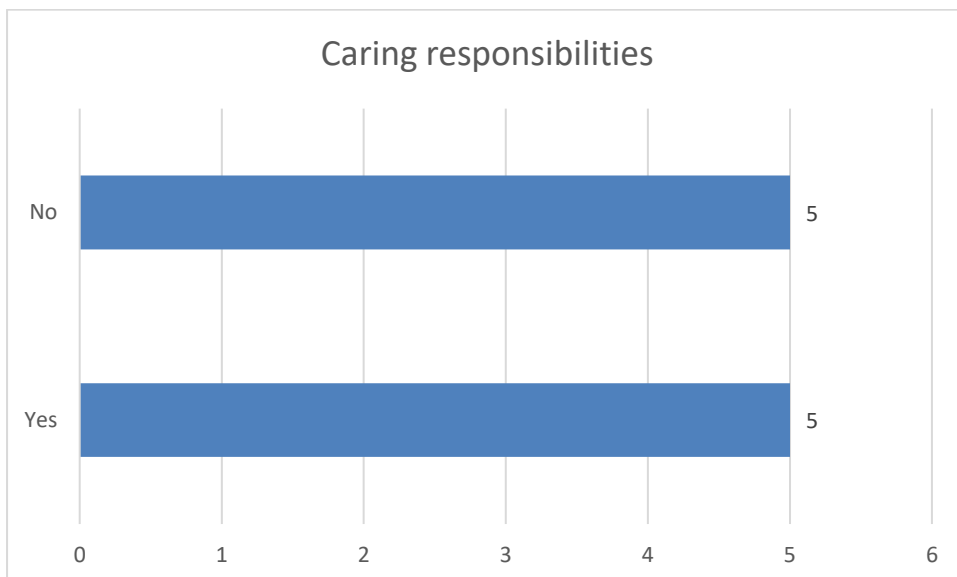
### Question 8: What is your sex?

Answered: 10 Skipped: 0



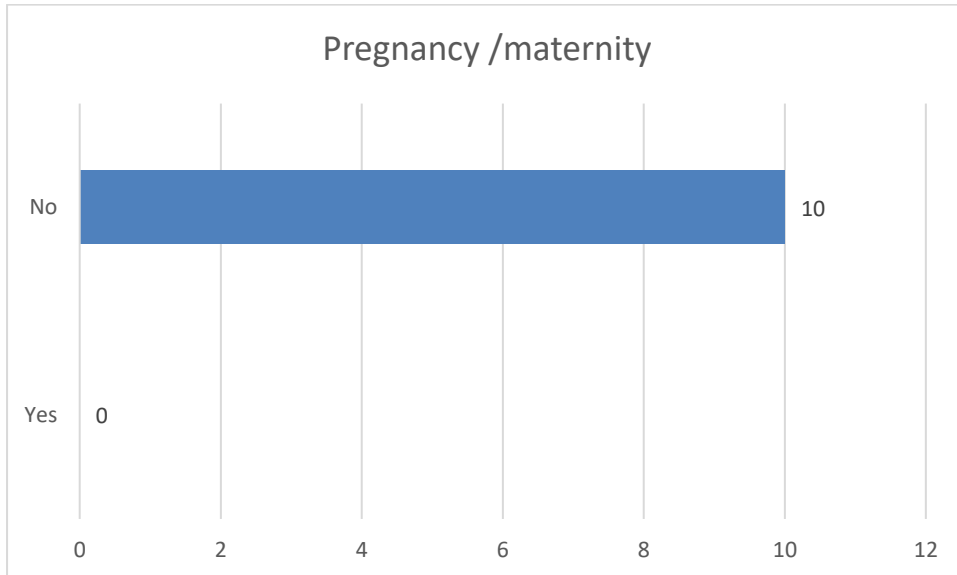
### Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

Answered: 10 Skipped: 0



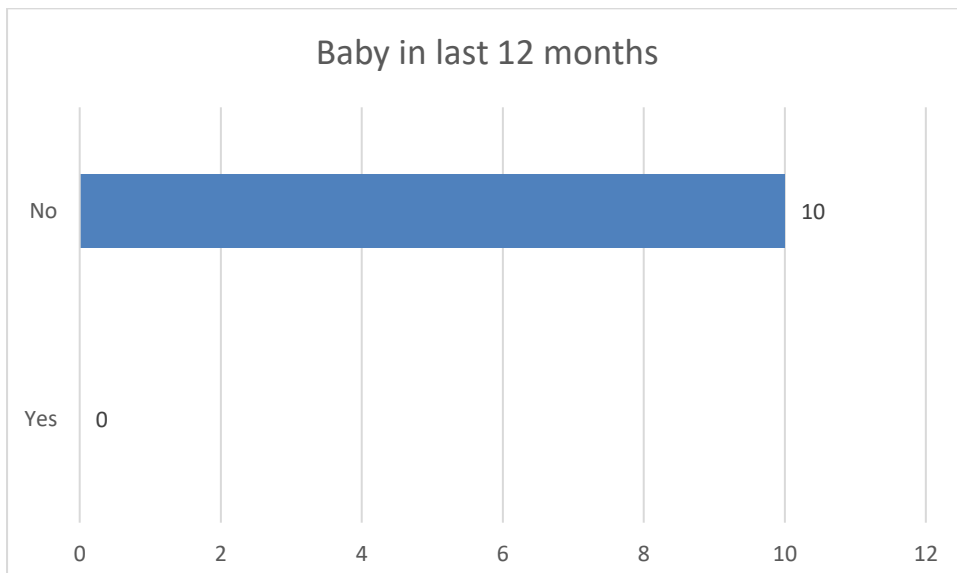
**Question 10: Are you pregnant?**

Answered: 10 Skipped: 0



**Question 11: Have you had a baby in the last 12 months?**

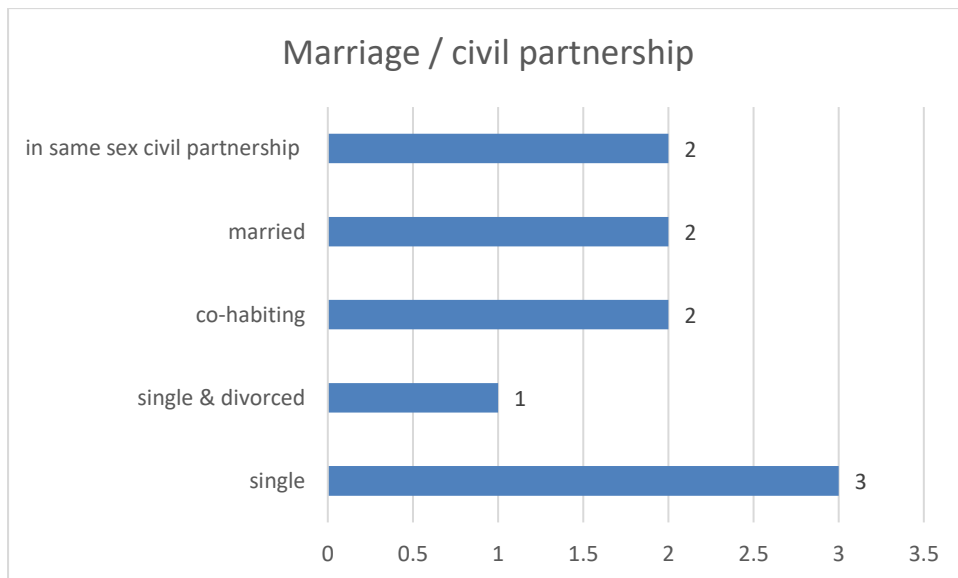
Answered: 10 Skipped: 0



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 10

Skipped: 0



**Equality Monitoring for the event at Sikh Leisure Centre, Huddersfield on the  
30<sup>th</sup> April 2019**

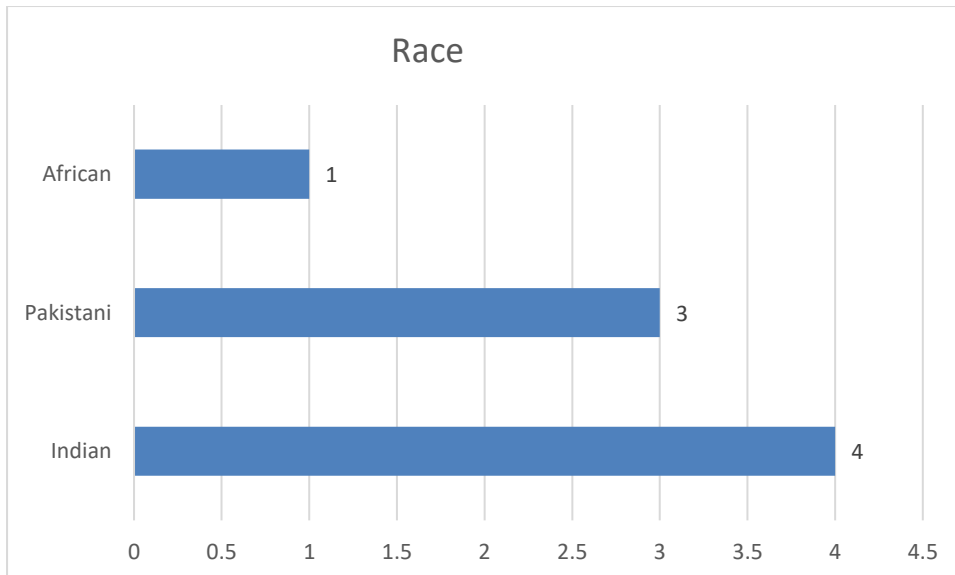
**Question 1: Date of birth**

Answered: 6                      Skipped: 2

01/08/1978	30/05/1983	07/02/1970
31/08/1971	05/01//1982	09/02/1982

**Question 2: Race**

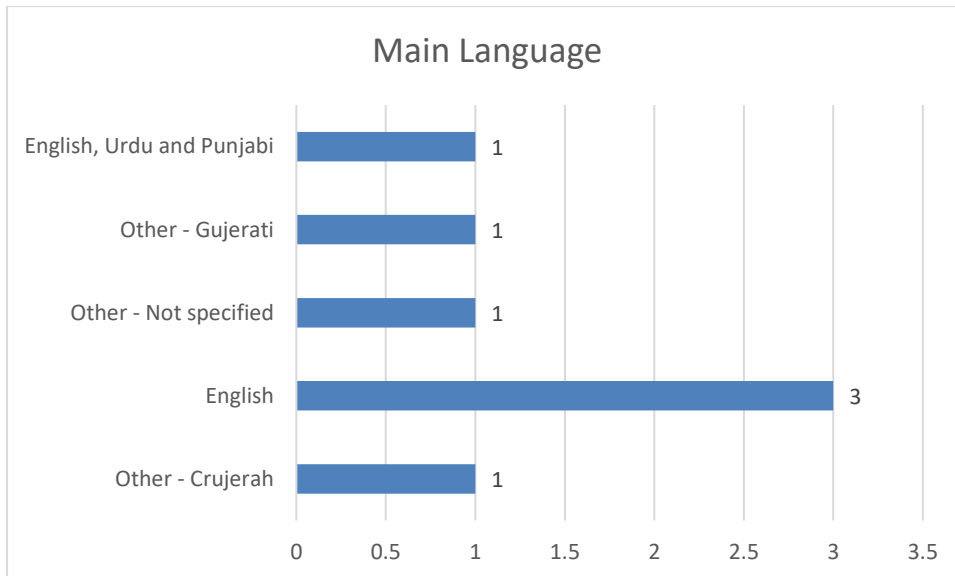
Answered: 8                      Skipped: 0



**Question 3: What is your main language?**

Answered: 7

Skipped: 1



**Question 4: How well can you speak English?**

Answered: 7

Skipped: 1

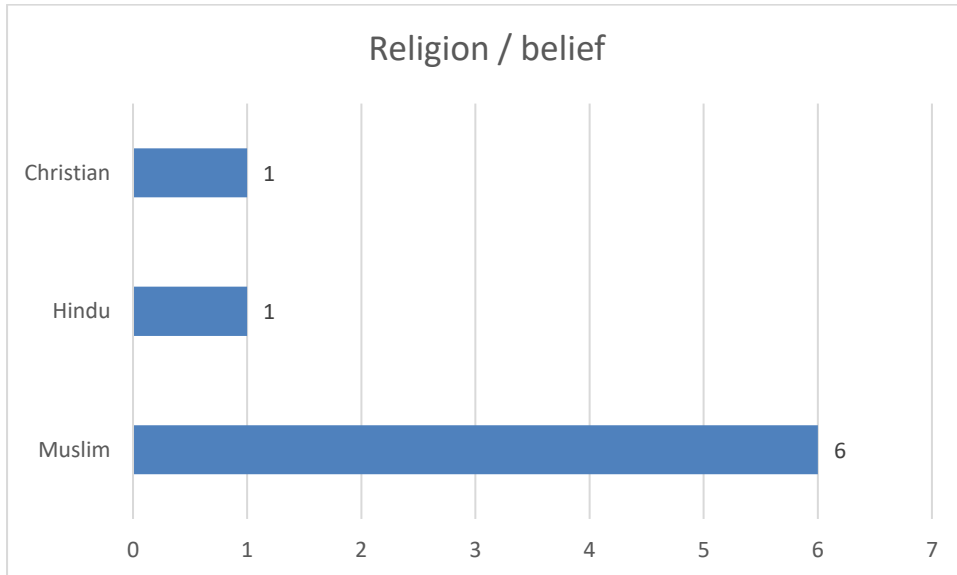
Not at all	Not very well	Well	Very well	Total
0	0	1	6	7



**Question 5: What is your religion/belief?**

Answered: 8

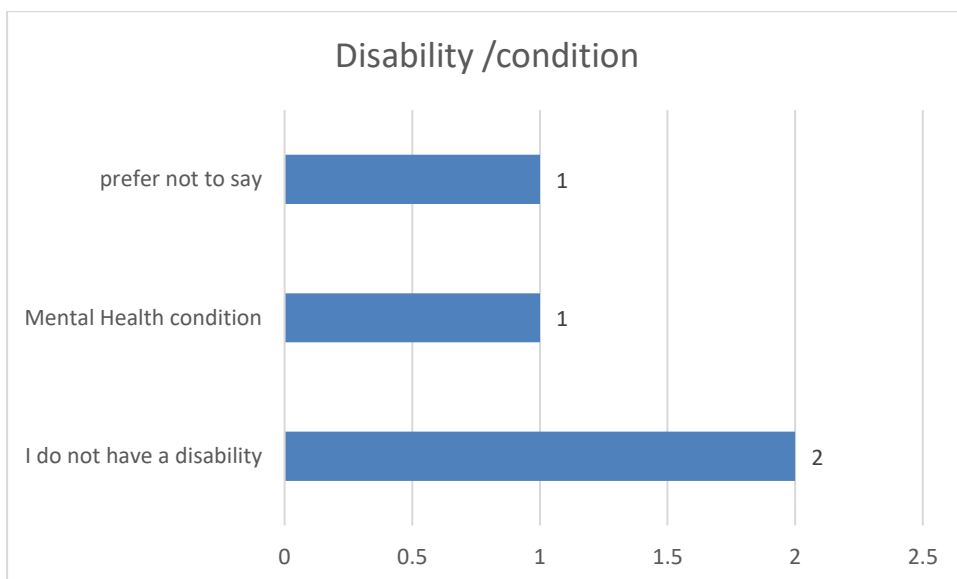
Skipped: 0



**Question 6: Do you consider yourself to have one of the following? (tick all that apply)**

Answered: 4

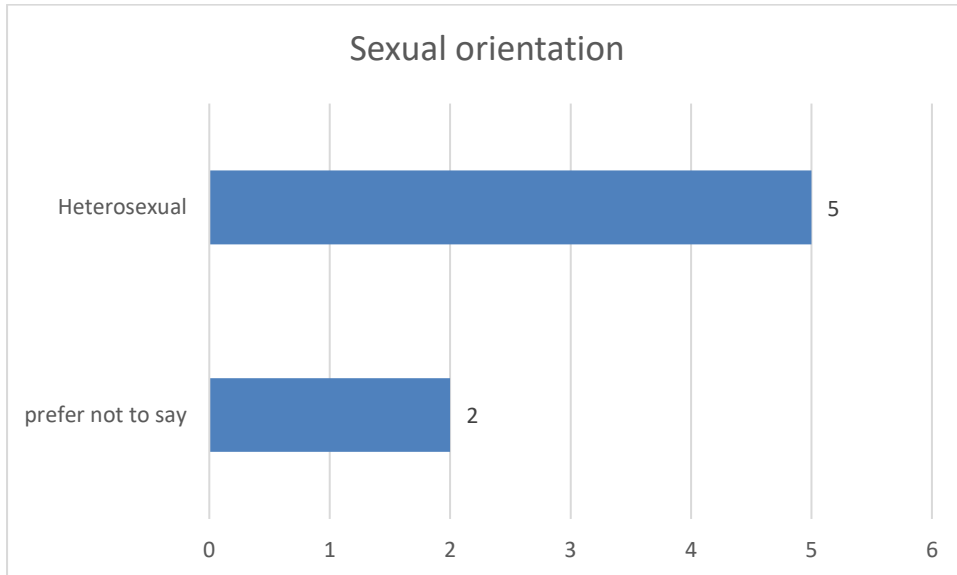
Skipped: 4



### Question 7: What is your sexual orientation?

Answered: 7

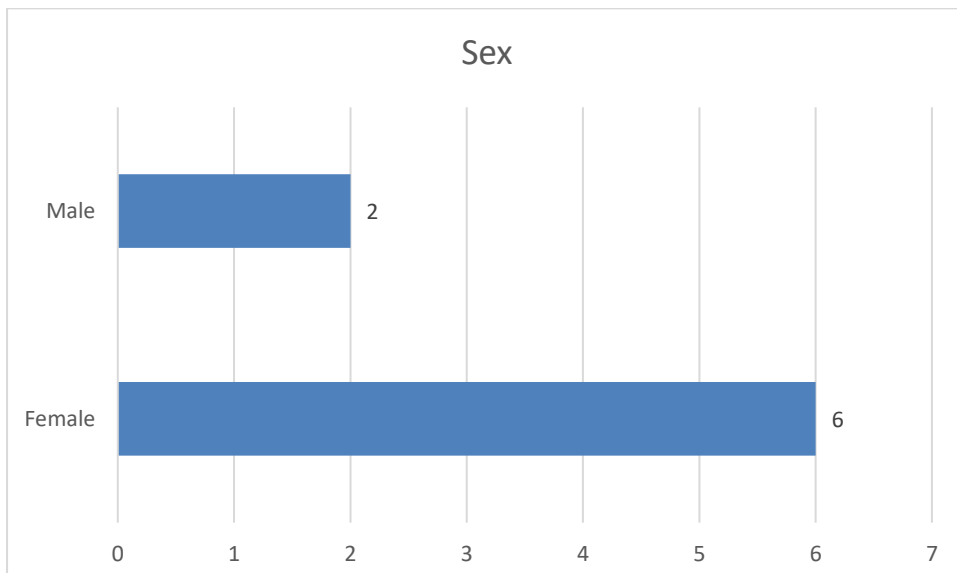
Skipped: 1



### Question 8: What is your sex?

Answered: 8

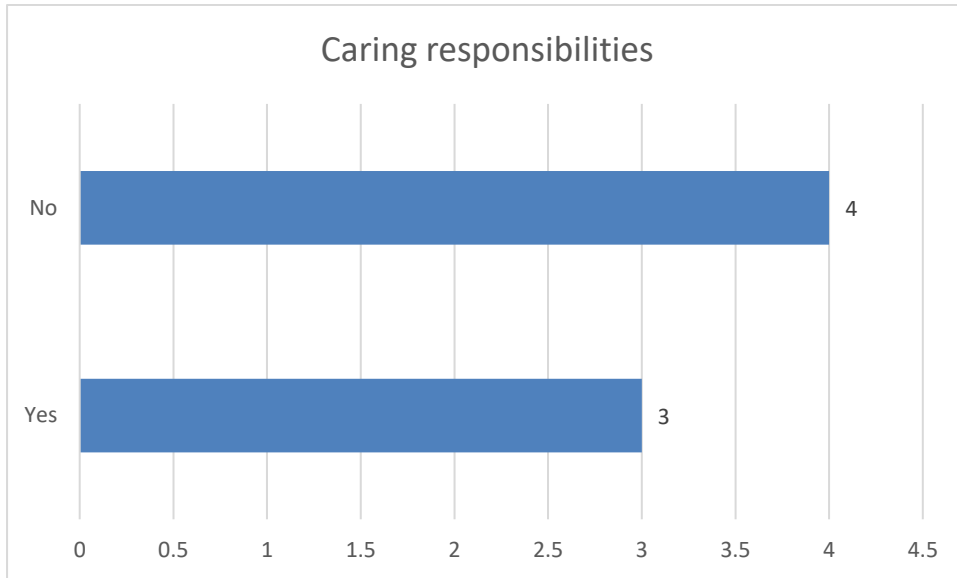
Skipped: 0



**Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**

Answered: 7

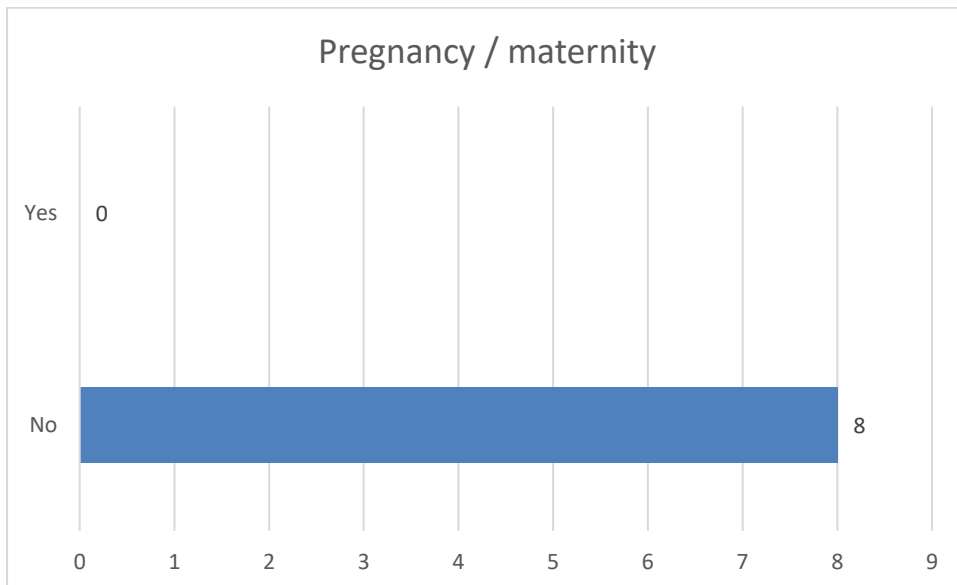
Skipped: 1



**Question 10: Are you pregnant?**

Answered: 8

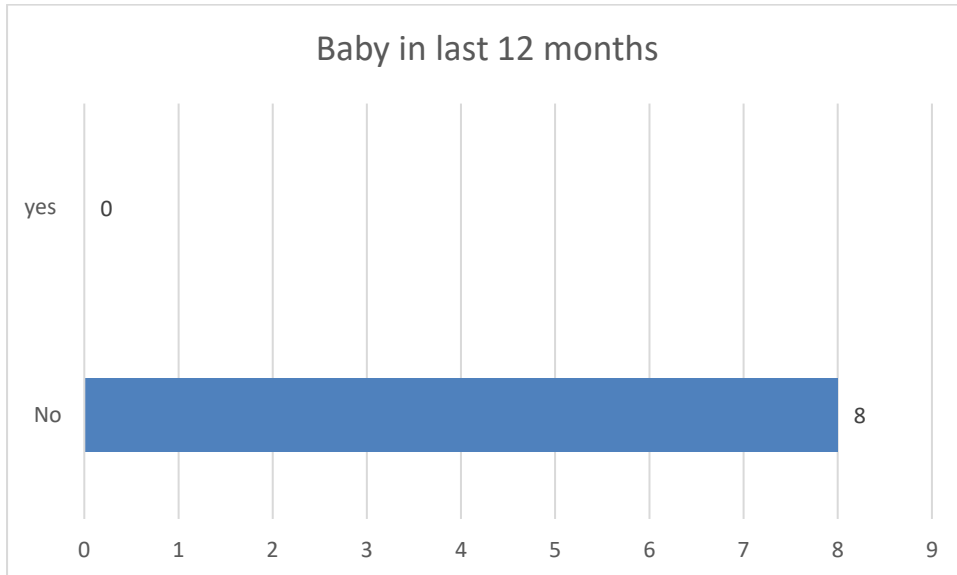
Skipped: 0



**Question 11: Have you had a baby in the last 12 months?**

Answered: 8

Skipped: 0



**Question 12: Marriage/civil partnership (please tick 1 box)**

Answered: 8

Skipped: 0

