Edinburgh Behaviour Support Service
:A Holistic Service with Health & Social Care for Older People with Dementia or Cognitive Impairment

Dr Jacqueline Wilson – Clinical & Service Lead; Chartered Clinical Psychologist; Edinburgh Behaviour Support Service
Enhancing Quality and Working Together in Care Homes

Training and Culture Change

Reshaping Care for Older People

CARE HOMES

INDEPENDENT SECTOR + 2 CEC
CARE HOME MANAGERS
MONTHLY ACTION LEARNING SETS
LEADERSHIP
COMMUNITY INVOLVEMENT

DEMENTIA TRAINING IN CARE HOMES
ALL 50 CARE HOMES
INDEPENDENT SECTOR + CEC

CARE HOME SMALL INVESTMENT FUND
SUCCESSFUL APPLICATIONS FROM 21 CARE HOMES (IND + CEC)
TOTAL £140,675 ONE-OFF FUNDING FROM CHANGE FUND

INDEPENDENT SECTOR DEVELOPMENT OFFICER

TALKING POINTS
JIT SUPPORT TO DEVELOP A FOCUS ON INDIVIDUAL OUTCOMES
6 CEC CARE HOMES
3 FOUR SEASONS HOMES
SOUTHPARK CARE HOME
ACTION PLAN FOR 2013 TO FOLLOW

BEING ME
DRUMBRAE CARE HOME
9 MONTH PROGRAMME WORKING WITH RESIDENTS AND STAFF TO INCREASE ENGAGEMENT AND COMMUNITY LINKS

PALLIATIVE CARE
SOUTH EDINBURGH CARE HOME PROJECT
MARIE CURIE
INVITATION TO ALL CARE HOMES IN SOUTH EDINBURGH

CARE HOME PROVIDERS REFERENCE GROUP

CARE HOME LIAISON
NHS MEDICINE OF THE ELDERLY SUPPORT AND ADVICE
PILOT TO START IN NORTH WEST EDINBURGH

EDINBURGH BEHAVIOUR SUPPORT SERVICE (EBSS)
MULTIDISCIPLINARY SUPPORT FOR CHALLENGING BEHAVIOUR
ALL CARE HOMES (and community)

EBSS LIAISON SUPPORT WORKERS (LSWs)
PILOT 10 CARE HOMES - 6 CEC + 4 INDEPENDENT SECTOR
4 PEER SUPERVISION GROUPS FOR 28 LSWs

Service Developments

MY HOME LIFE
30 CARE HOMES
INDEPENDENT SECTOR + 2 CEC
CARE HOME MANAGERS
MONTHLY ACTION LEARNING SETS
LEADERSHIP
COMMUNITY INVOLVEMENT

TELECARE
2 CARE HOMES (1 IND + 1 CEC)
PILOTING USE OF EQUIPMENT TO PREVENT FALLS

EMOTIONAL TOUCH POINTS
LIFE STORY WORK
REMINISCENCE THERAPY
MAKE EVERY MOMENT COUNT
DEMENTIA CARE MAPPING

TELEHEALTH
USE OF TECHNOLOGY FOR ROUTINE MONITORING AND TELECONFERENCING WITH GP
PILOT TO START SOON

Tools to Support
EBSS MULTIPROFESSIONAL TEAM
Allander House, 139-141 Leith Walk, Edinburgh
(0131 446 4621)

Dr Jacqueline Wilson – Chartered Clinical Psychologist & Clinical Lead for EBSS – 1.0 WTE
Dr Guy Holloway – Consultant Psychiatrist – 0.1 WTE
Dr Robert Clafferty -Consultant Psychiatrist – 0.1 WTE
Karen McDonald – Mental Health Nurse – 1.0 WTE
Linda Wilkie – Mental Health Nurse & Psychological CBT Therapist– 1.0 WTE
Catherine Woodcock – Senior Occupational Therapist – 1.0 WTE
Tara Hargreaves – Dietician – 0.5 WTE
Susan Mein - Admin & Clerical 1.00 WTE
Campbell Clark and Machin Mlodziniak –Peer Carer Support Workers– 2.0 WTE
Annabel Allen - Speech and Language Therapist – 0.75 WTE
Dawn Lupton - Physiotherapist – 0.6 WTE & Michelle Adair, Psychologist 0.8WTE.

Most work generically and provide specialist assessment & interventions –
UNIQUE IN  UK. Close working with Hospital Social Workers & RR Team.

PHILOSOPHY: NEEDS TO BE MET, NOT PROBLEMS TO BE MANAGED
EBSS FORMULATION MODEL & HOLISTIC INTERVENTION PLANS (Laidlaw, 2012/13)

- **Biological Factors e.g.**
  - Perceptual/Sensory Impairments
  - Physical health status
  - Medications
  - Cognitive impairments (aphasia, apraxia, memory loss)

- **Social Factors e.g.**
  - Appearance
  - Conversations
  - Mental health (anxiety/depression)
  - Environment

- **Circumstantial Factors e.g.**
  - Lifelong habits
  - Personality
  - Previous history of mental health

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**Unmet needs**

Distressed Behaviour(s)
HOLISTIC INTERVENTION PLAN BASED ON PROMOTING EXCELLENCE QoL OUTCOMES (Approx. 14 wks).

Physical Wellbeing
Mental/Emotional Wellbeing
Social Wellbeing
Environmental Wellbeing
Spiritual/Cultural Wellbeing
Independence, Choice & Control
Community Involvement

WGT TIME 4-6 WEEKS TO BEGIN ASSESSMENT; URGENT 4 DAYS- All Clients now screened soon after referral
What might be included in a HIP?

- Physical- Sight check; Hearing check, Consultant referral, Continence advisor, Dietetics, Physio, Exercise, Abbey Pain Scale, Swallowing assessments, Walking aids.
- Emotional/mental- Psychotropic meds, Counselling, Graded exposure, CBT, Tailored therapeutic activity for depression, Carers support, Cognitive testing, Monitoring of memory meds.
- Social- Befrienders, Membership of groups/clubs, Lifestory work, SALT assessment and guidance for staff/family.
- Environmental Risk Assessment; Signage, Walking Plans, Change of room, Personalisation of room, Use of Outdoor Space
- Spiritual/cultural – Translater, Access to worship, Visits from members of faith, Readings to person, Religious symbols
- STAFF TRAINING & SUPPORT
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Performance</th>
<th>Explanation of performance</th>
<th>Remedial action (where required)</th>
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<td>Number of people using the service</td>
<td>240 in 12 months</td>
<td>240 in 12 months</td>
<td>378 in 13 months</td>
<td>Target exceeded due to increased demand from older people’s mental health service redesign, many care homes referring, media awareness raising and new dementia strategy recom.</td>
<td>N/A</td>
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Evaluation in Progress

Results Across Cases

1. Vast majority clients staying in place they consider home; few hospital admissions.

2. Client distress decreased on Neuropsychiatric Inventory and Cohen Mansfield Agitation Inventory for those requiring full process.

3. Very few clients on antipsychotics, if so and clinically appropriate, we recommend review, decrease, withdrawal.
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<td>No. of Formal and Informal carers and professionals involved in person’s care who report that the psychological formulation process the service uses for the client, helped them feel listened to</td>
<td>(A great deal = 86%; A fair amount = 14%).</td>
<td>Survey responses show a high satisfaction of service users with 100% reporting a great deal to a fair amount of satisfaction</td>
<td>N/A</td>
</tr>
<tr>
<td>No. of Formal and Informal carers and professionals involved in person’s care who report that the psychological formulation process was helpful in better understanding the client’s needs in a holistic way</td>
<td>(A great deal = 70%; A fair amount = 30%)</td>
<td>Survey responses show a high satisfaction of service users with 100% reporting a great deal to a fair amount of satisfaction</td>
<td>N/A</td>
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Increasing Capacity

- Training Liaison Beh. Support Workers in 9 carehomes to run our model and generate HIP’s for mild client cases of behavioural issues expressing unmet needs. Providing awareness raising training at Royal Infirmary for their colleagues on a two monthly basis to further impact culture change. Manager’s survey – imminent.
- Training ward 14 REH/ secondments for cross fertilisation of skills (wards to community), visa versa.
Strategic Drivers

• New Dementia Strategy (SGHD, 2013)
• Promoting Excellence Knowledge & Skills Framework (Dr J. Wilson, Psychologist author, SGHD, 2011)
• The dream – EQUITY- All clients with dementia/cognitive impairment with behavioural manifestations of unmet need across Lothian have access to a comprehensive, expert, holistic, behaviour support service.