ScottishCare
Voice of the independent care sector

PARTNERS FOR INTEGRATION
THE STORY SO FAR
2012 - 2019

Contents

Foreword

It is with great pleasure that I have been asked to write the Foreword for the second ever Partners for Integration report. This year's edition containing yet more examples of joint working across Scotland, where working together has made a difference to both systems and citizens.

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It is now 3 years since the Public Bodies (Joint Working) (Scotland) Act 2014 came into effect, and it remains that there is a mixed picture in the way that it has been embraced and embedded across Scotland. Whilst integration may sound simple, one thing the experience has proved is that it cannot be achieved simply by passing a Bill. It is impossible to change a system which has existed for decades by edict - even those wholly behind the vision, myself included, bring unconscious thoughts and behaviours to the table. It takes leadership, learning and conviction to embed such change within the complexities of the health and social care landscape. I hope that this report will be an inspiration to all of us who want to make that change.

In many respects, this report is reflective of the integration journey of health and social care across Scotland from the perspective of the independent care sector. With it we can track a shift towards collaboration, important because it is at this point where tangible outcomes for people can be achieved. It has taken perseverance and courage from all sides to form such remarkable partnerships, and I hope you enjoy reading about them. More importantly however, I want this to be a working document. I want the ideas contained within to be inspirational. I want it to be an invitation to anyone who wants to make a difference for those accessing care and support to work with the independent sector and all we have to offer.

The independent care sector is a sector of care experts, innovators and entrepreneurs. Grounded in person-centred and person-led approaches, it is accustomed to adapting to and implementing change quickly and responsively, but as the largest provider of social care in Scotland, it also has the ability to shape the future of care and support. We see this, for instance in the way that the sector embraces the use of technology within a human rights context, which is freeing up time previously spent on paperwork, and even reducing unplanned hospital admissions. Its position as a responsive and innovative partner makes the independent care sector a key component of the integrated health and social care landscape.

However, we cannot function in isolation.

It is often overlooked that there is much to learn from existing projects and initiatives and I hope this report will provide both inspiration and a mechanism to adopt some of the examples of best practice contained within. I would like to take the opportunity to thank Scottish Care staff and members, but also our wider partners and stakeholders, without whom the work contained within this report would not be possible, nor would our vision for the future.

I look forward to hearing from you.

INTRODUCING PARTNERS FOR INTEGRATION

Partners for Integration is a national network of development staff with backgrounds in education, social care, health and the voluntary sector who work to ensure the effective representation of independent sector agencies within Health and Social Care Partnerships.

Through its Partners for Integration team, Scottish Care builds on experience, knowledge and relationships to support providers and our partners to meet the opportunities and challenges ahead. By working collaboratively, exploring new and innovative approaches to service delivery and embedding a culture of improvement and implementation of good practice, the Partners for Integration team creates the conditions for transformational change in how services are commissioned and delivered.

ABOUT SCOTTISH CARE

Scottish Care is a membership organisation and the representative body for independent social care providers in Scotland. Scottish Care represents over 400 organisations - almost 900 individual services, delivering residential care, nursing care, day care, care at home and housing support services. Membership includes organisations of varying types and sizes; single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations.

One in 13 Scots are employed in social care. The independent sector delivers 83% of care home places and 55% of homecare hours in Scotland. In any one night, 36,000 people will sleep in a care home and 67,000 will be supported at home. In contrast 14,000 people will stay overnight in a hospital.

Providers who are members of Scottish Care are supported by a network of Scottish Care branches.

PARTNERS FOR INTEGRATION

From the beginning

Partners for Integration was set up in 2012 and was hosted by Scottish Care with funding from Scottish Government and local health and social care services. Partners for Integration focused initially on improving services for older people, with a National Lead and Development Officers appointed in many areas to ensure independent sector involvement in the delivery of the agreed outcomes for older people. Areas adopting the model in 2012 include Argyll and Bute, West Dunbartonshire, Inverclyde, South and North Lanarkshire and Fife.

Since 2016, with the implementation of the Public Bodies (Joint Working) (Scotland) Act, the role of Partners for Integration has expanded to include a focus on all those using services for adults and a role in supporting the integration of health and social care services. The independent sector is one of the partners in local health and social care partnerships and Partners for Integration supports the development of Health and Social Care Partnership (HSCP) arrangements and ensures the effective representation of all independent sector agencies across a range of groups and activities.

The team and focus

Many Partnership areas now have an Independent Sector Lead in post, and some have small teams of staff. The National Leads support a network of 26 staff in 21 Partnership and Health Board areas across Scotland, enabling the voice of the independent sector to be heard and to be influential. See Appendix B for staff contact details.

Partners for Integration has recently had a change in management. There is currently an interim structure whilst introducing new systems and structures for reporting and evidencing the impact of the team's work on outcomes for people who access care and support. The National Leads also have a focus on integration and improvement at a senior policy level and work with partners including Scottish Government and the Care Inspectorate.

Local Independent Sector Leads focus on the following areas:

> Engaging with and building the capacity of the independent sector to contribute to the integration of health and social care

The focus of activity is to engage with the independent care sector to improve their contribution to the development of the integrated Health and Social Care Partnership. Independent Sector Leads offer a clear point of contact with established methods for communicating intelligence about the sector and its capabilities. This improves engagement in order to facilitate the flow of information and the sharing and implementation of good practice.

> Working in partnership

The focus is on engaging with private independent sector organisations in the area and developing a partnership approach with them. Independent Sector Leads work on engaging independent sector providers in partnership initiatives and extending existing links with partners.

> Contributing to strategic and locality planning

Independent sector providers are supported to contribute at an enhanced level to strategic planning and commissioning and also to planning at a locality level. This enables independent sector agencies to engage at both strategic and local levels and to build local alliances and partnerships on a geographical basis. There will also be increased capacity to contribute to strategic developments such as market facilitation and other working groups. Independent sector representatives sit on Partnership Strategic Planning Groups in all areas, while in some Partnership areas, the independent sector is also part of the IJB.

> Developing models of support

New models of support are needed to respond to the changing demographic as more people are living longer with increased levels of disability and/or ill-health. Raised expectations also mean that people who access care and support and their families and carers want to have more influence and control over available resources.

Providers will be supported to test new models through enhancing the resources available to them, including continuous improvement, workforce development and the development of career paths.

Developing models of support include:

- Supported short breaks
- Supported transition to care and from hospital
- Day visits and/or day time activities in a care home
- Bed and breakfast opportunities in a care home
- Initiatives to improve delayed discharge.

> Enabling access to resources in the independent sector

The independent sector has considerable assets. Staff skills and capabilities provide care and support to people with a wide range of disabilities and health conditions and have expertise which could be shared. Additional development resource for the independent sector will enable us to work with local independent sector care homes, care at home and sheltered housing agencies and other partners to ensure that local residents and other organisations can use facilities such as support groups, exercise activities, community lounges, hydrotherapy pools or gardens.

Value for Health and Social Care Partnerships

Partners for Integration contributes to reform at both local and national levels. With direct representation via the Independent Sector Leads, independent sector providers are in a strong position to contribute their knowledge and expertise to the commissioning and development of health and social care supports in their areas. There are excellent examples of collaborative working across Scotland where providers and HSCP colleagues are sharing knowledge and resources to enhance the quality of their local community.

In some areas Scottish Care has a seat on the Integrated Joint Board and in all areas we have at least one place on the Partnership's Strategic Planning Group. Independent Sector Leads are involved in improvement programmes at both local and national levels.

The Partners for Integration team is committed to ensuring that the Independent sector is recognised as a key player in the integrated landscape. Vital to our success is the involvement and engagement of providers; despite the many challenges facing the sector this is a time of great opportunity.

Funding arrangements

Currently Scottish Government and Healthcare Improvement Scotland fund the National Lead roles and national network of Partners for Integration, with Health and Social Care Partnerships funding local teams. The level of Partnership funding varies across the country. Many staff work part-time, which creates inconsistency in relative impact.

Monitoring and reporting

Scottish Care relies on member participation to inform our research and development work through sharing information about practice, experience and ideas. We use this information to positively influence policy and practice.

Scottish Care has set performance indicators for the Partners for Integration team for 2019/20 which have been informed by the recent Review of Integration. These will be shared with Health and Social Care Partnerships. Locally each area will work towards outcomes agreed in partnership

At a national level, the Partners for Integration event is to be held in September 2019.

THE STORY SO FAR

Engagement, representation, consultation, integration – the Independent Sector in partnership

This is the core of the work of the Independent Sector Lead. Developing strong and trusting relationships with Independent Sector providers ensures active participation in a broad range of Partnership activities. This allows for the further development of leadership from within the independent sector to deliver improvement in supports and services.

Collaboration in North Ayrshire

North Ayrshire HSCP was one of the first partnerships to invite Independent Sector representation at Integrated Joint Board level and to be included in the Strategic Planning Group. This allowed the provider representative and the Independent Sector Lead to be informed about the direction of travel for the sector. The aim was to support providers and to ensure that they were not isolated in their efforts to offer a mixed provision of care that meets the needs of the population. The representative on the IJB is a local provider and the Independent Sector Lead post provided ongoing support and sharing of information. The partnership made a commitment to the sector to work together and look at future models of care in a collaborative approach.

There is a desire to reduce care home packages in-line with the national policy to support people to stay in their own homes. However, there are risks associated with isolation and loneliness which in turn exacerbate health conditions. To support the process, the Independent Sector Lead and the Chief Officer have released a joint statement stating that the sector is valued, and the partnership is keen to work collaboratively to design and plan for services that are fit for the future.

Care Home Providers' Forum

In **West Lothian HSCP,** the Care Home Providers' Forum meets on a three- monthly basis. All Independent care home services within West Lothian are invited, as well as representatives from West Lothian HSCP care homes. Other regular participants in the forum include West Lothian HSCP Senior Manager, Group Manager Older People, Chief Nurse, Clinical Nurse Manager, Scottish Care and representatives from the Care Inspectorate. Other relevant representatives are invited as and when appropriate. The aim is to provide a setting where matters relating to Care Homes within West Lothian can be openly discussed between providers and representatives of the Partnership.

Engagement in Dundee

In **Dundee HSCP**, engagement with non-statutory (independent) providers continues to be a primary focus. At the end of 2018-19, engagement was 60% for care at home services and 46% for care homes, an average of 51%. In the previous year, 2017-18, engagement across care at home and care home providers was only 8%. Dundee Care Providers Network (DCPN) has been set up to encourage providers to come together more frequently and to engage openly with each other regarding good practice and issues/solutions. It was created to address a need articulated by local providers and will be dependent on their continued engagement. Care will be taken in how this network evolves to promote continued engagement between provider and with the Independent Sector Lead role.

Care Home Partnership Group

The Care Home Partnership Group in **Renfrewshire HSCP** was formed to provide a forum to discuss, develop and review current and future partnership working with care homes. A key focus was to:

- Improve pathways for care home residents who require unscheduled care in hospital and reduce levels of preventable admissions
- Ensure that care home residents receive the right care at the right time in the right place within Renfrewshire HSCP.

The group aims to:

- Collate and provide context to data collated from various data sources
- Consider evidence of pathway models of care used in other areas, assess the impact and use to explore the feasibility of implementation in Renfrewshire
- Identify new data to capture and support evidence-based service improvement planning
- Describe current support mechanisms and gaps within care homes, including training opportunities and service in-reach
- Create a virtual group to ensure awareness and opportunity for engagement for all care homes within the partnership area
- Ensure effective communication of proposed new pathways and ways of working.

Integrated Care Home Providers Forum

Historically, this forum was organised by what is now **West Dunbartonshire HSCP**. Statutory staff and providers attended, however the agenda, venue, minutes and all other aspects of the forum were coordinated and written by the HSCP staff. Through discussion, it became apparent that there were frustrations with the forum in its existing format from both the attendees and organisers. At the same time, the initiative My Home Life (MHL) was taking place in West Dunbartonshire. Before MHL began, services that were geographically close to one another had little or no contact. MHL fostered the environment to create a more effective and collaborative relationship, with the care home managers (both independent sector and local authority) taking part. This in turn led to an awareness of the need for better networking.

The outcome of this developing relationship and better networking was a commitment, desire and willingness for providers to work with their HSCP quality and development colleagues and the Independent Sector Lead to form a joint steering group for the forum.

Meetings are now held quarterly, with the steering group taking responsibility for organising venues, arranging speakers, welcoming participants and taking minutes.

The forum is evaluated, and the steering group review the evaluations, using these to inform how the next meeting will look. There is also a commitment to reach out to those who don't regular attend to promote the benefits of the forum and to encourage engagement.

My Home Life has been transformational in West Dunbartonshire in creating opportunities for greater joint working. The practices from the programme have been introduced to the meeting to create a standardised way of working coupled with the continued funding of the programme in the area over a prolonged period.

Consulting care homes

In July 2017, staff from Scottish Care in **Aberdeen City HSCP** met with managers of Independent Sector care homes to:

- Inform managers about ACHSCP and about the newly funded Engagement Project
- Gather information about current involvement in the integration process
- Identify any key challenges and/or opportunities.

The report '*Voices from the Independent Sector Care Homes: Consultation with Care Homes in Aberdeen City*' was published in November 2017.

In January 2019, it was decided to follow up this earlier consultation to see what had changed in the interim. Independent Sector Leads from Scottish Care's Aberdeen City team met with managers from 18 out of the 20 Independent Sector care homes. to:

- Scope current communication and involvement with ACHSCP
- Learn about local independent care homes workforce and practice development
- Gather information regarding the relationships between care homes and external organisations
- Identify any next steps.

The report, '*Voices from the Independent Sector Care Homes: Consultation with Care Homes in Aberdeen City: Volume 2'* was published in April 2019. A consultation with care at home agencies is in the planning stages.

Using data to improve information

Good information is the cornerstone of good decision-making at every level. Our priorities are changing: but are we really creating better, more integrated care and support? The Accounts Commission (2014) stated that the length of time people live in good health has not increased in line with life expectancy, and that current arrangements for older people's care are not sustainable. As demand for services increases, so do the high-level aspirations for quality care.

There is a requirement to 'shift the curve' of care from the current emphasis on high-cost, reactive, bed-based care to preventative, proactive care based on the concept of 'wellness'. Care needs to based closer to an individual's home, and to include the empowerment of patients, more systemic and proactive management of chronic disease and more integrated models of care.

Getting the right care in the right place

In **Edinburgh HSCP,** the Crossover IoRN (indicator of relative need) is being used to improve older people's experience of care and support. It is the key response to 'therapeutic nihilism', the phenomenon of older people being admitted but any treatable problems including mobility issues, visual and hearing impairment, chronic pain, incontinence, depression, and delirium are normalised and go untreated, thus wasting the inpatient opportunity to improve an individual's quality of life at any age. Many needs characterised as 'minor' can significantly affect independence, wellbeing, and social engagement. Day of Care audits in hospitals consistently demonstrate an increasing number of individuals are 'not where they should be', and the IoRN illustrates where holistic interventions can augment clinical care to enable discharge and preclude re-admission or progression to further care management.

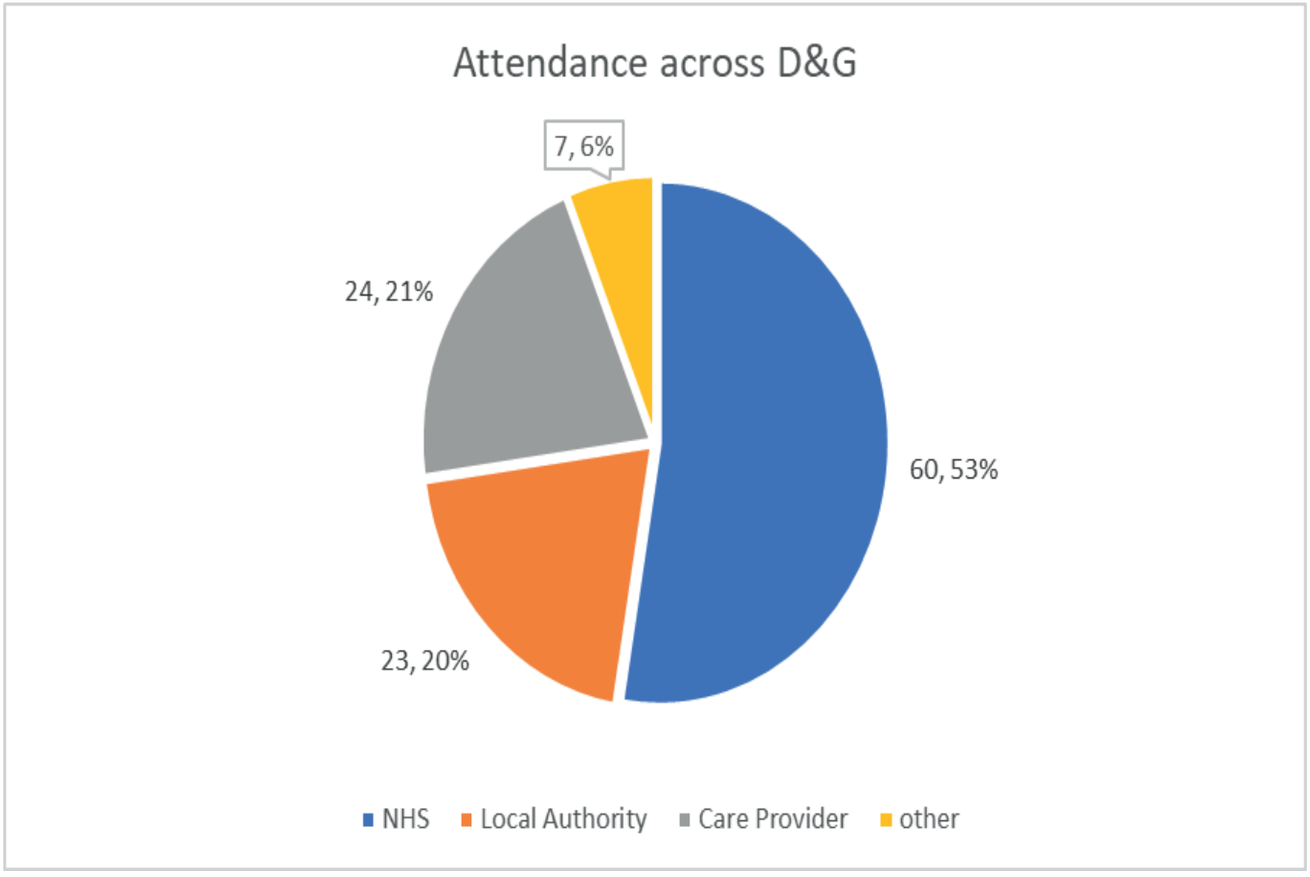
Reducing Delayed Discharge in Acute and Community Hospitals Dumfries and Galloway

Dumfries and Galloway HSCP wanted to address the challenge of delayed discharge across the area. The decision was made to establish a Community Health and Social Care Tactical Liaison Group. This group did not have a strategic remit but adopted a more tactical one looking at operational level solutions to presenting problems. One idea from the group was to look at the Flow and Discharge process to gain an understanding of everyone's role.

'Flow, Discharge and Me' awareness sessions were arranged. These sessions were designed, planned and facilitated by the Independent Sector Lead and her team. The support, planning and facilitation for the sessions came from the Locality managers and their teams. The agreed focus of the sessions was to raise awareness of the services which support and facilitate hospital flow and discharge:

Outcomes for Sessions :

- Establish and develop rapport between all HSCP partners involved in Flow and Discharges
- Develop an understanding of everyone's role within Flow and Discharge from hospital
- Discuss barriers and issues which effect a positive discharge
- Experience a positive Discharge as part of the Flow process



These sessions are now complete and the PFI team in collaboration with the Improvement Team are evaluating feedback. This will be used to inform a local and regional Improvement Action Plan.

Glasgow City Deal Pilot

The Glasgow City Deal Pilot was established with **Glasgow HSCP** to support in work progression, to relieve people in work poverty and to support business growth and sustainability for Independent sector care home providers to ensure future demands can be met. Set within the context of facilitating business growth and development, the overall aim of the pilot is to devise, implement and refine a sustainable model of employee progression which improves the skills and increases earning potential of low paid employees in the care sector.

The pilot is three-fold:

- Provide business support for employers to support financial stability and sustainability by identifying business opportunities and development needs of companies in the care sector and improving access to the range of business growth and development interventions available in the city
- Identify the support needs of care sector employees and improve access to and uptake of interventions to support them to improve their skills, increase their earning potential and ensure organisations have the appropriate skill mix that is fit for the future in terms of providing a mixed provision of care
- The pilot also seeks to identify to what extent the delivery model can be rolled out to other business sectors.

There are several key learning points highlighted, one being the need for a more robust data gathering process, which has to be considered for any future delivery model. Management information was provided by five of the 20 participating care homes. This indicated that between 2015/16 and 2018/19 turnover (+28%), gross profits (+39), employee numbers (+24), full time employees (+44%), and employees receiving training (+22%) all increased. In addition, net profits moved from negative to positive.

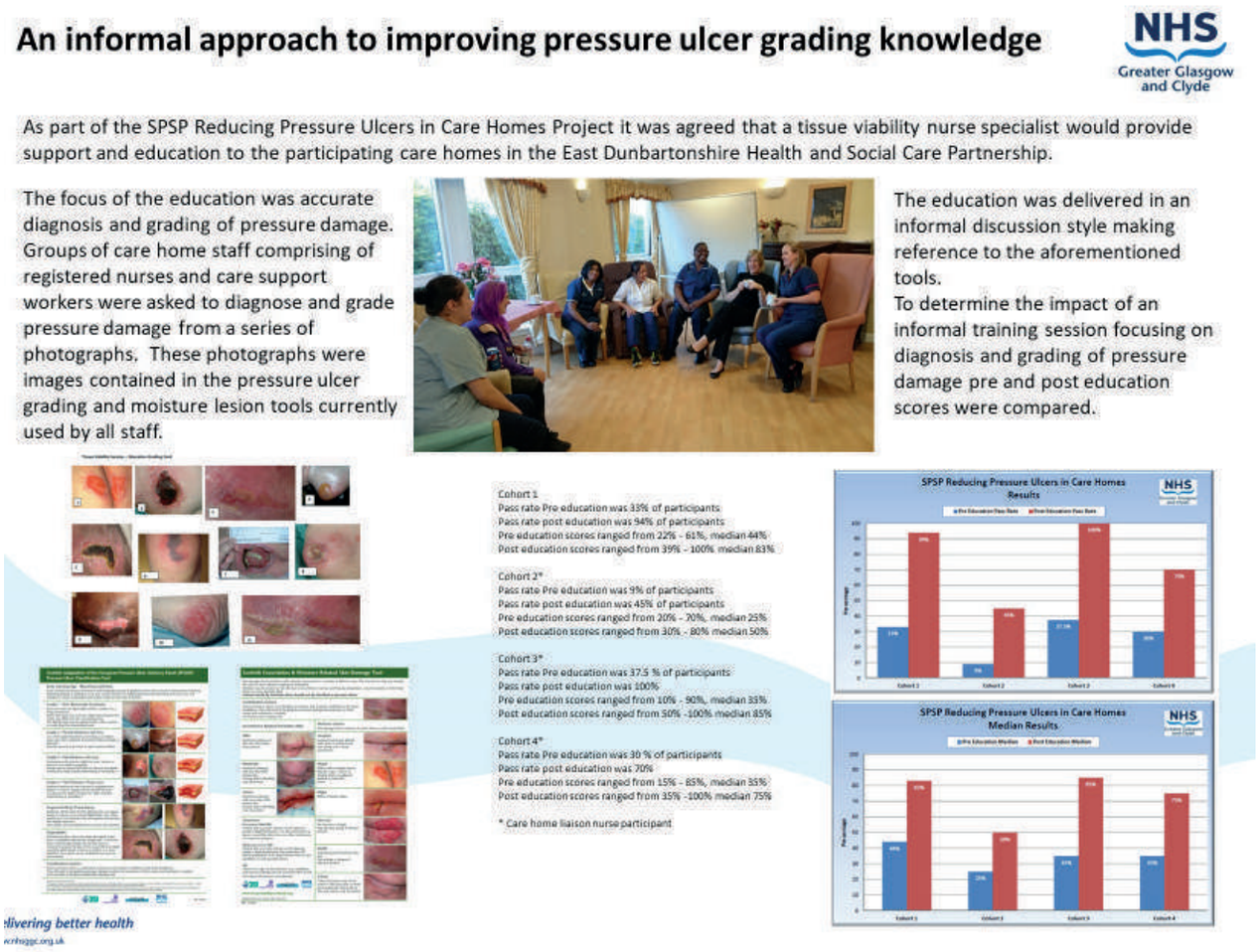
Employees were mostly positive about the training they received and acknowledged a range of positive outcomes. These included improvements in their overall sense of wellbeing and development of job specific skills, Employers noted improved confidence, knowledge and skill, satisfaction and morale amongst employees who had participated. This led to employees having improved ability to perform their roles and consequent improvements in the quality of care provided to care home residents.

Employers reported several business benefits from pilot participation and consultancy offers including heightened business profiles, improved financial processes, better HR practice and improvements in standards of care. They reported that improvements in these areas also produced a range of wider impacts such as improved business sustainability, staff recruitment and retention, cost savings and improved profitability.

The evaluation of the pilot is being considered at various levels and with a range of stakeholders to look at the way forward. It has been suggested that a more refined model could be developed to support the care at home providers operating in Glasgow City as a way of supporting the sector as demands increase in line with the demography and national drive for people to remain at home or homely setting.

Reducing Pressure Ulcers in Care Homes Improvement Programme Collaborative

This collaborative included the Scottish Patient Safety Programme, Scottish Care and the Care Inspectorate and ran from May 2016 to December 2017.



Improving care and support

John's Campaign

In **North Lanarkshire HSCP,** John's Campaign began as an access campaign in hospitals, promoting the right of carers of people with dementia to stay with them. After being introduced into the hospital environment, it has been shown to reduce falls, delirium and incidents of stress or distress. People eat and drink better, they and families are more content, even at the end of life. People's individuality and dignity is retained. All Lanarkshire hospitals have pledged to join the campaign and by January 2019, following development work by the Independent Sector Lead, all North Lanarkshire care homes also joined. The campaign:

- Welcomes family/carers who wish to visit and help support their loved ones living in the care home.
- Adopts the principle of 'person centred' visiting.
- Uses insights from families to improve person centred care.

A successful launch day took place in January and a great sense of positivity was evident within the group. The next steps are to ensure that good news stories are shared and that care homes receive recognition for the relationship centred care that they

have always delivered. There are also plans to hold a pan-Lanarkshire Celebration Event in October 2019 where care homes can share their experiences and good news stories with the wider local communities.

My Home Life

An exciting opportunity to work in partnership with the University of the West of Scotland's My Home Life Programme was agreed in April of this year between **Fife HSCP** and Scottish Care. A bespoke and collaborative approach to embed an evidential base in the promotion of quality of life in care homes for older people established joint priorities, focusing on four specific themes:

- Creating communities
- Improving health and health care
- Keeping workforce fit for practice
- Promoting a positive culture.

Working together, Fife HSCP and Scottish Care identified candidates within the statutory and independent care sectors, agreeing a timetable of workshops and action learning events to take place from April 2019, leading to a validation event scheduled for late February 2020.

The agreed programme promotes both national and local drivers as set out within the new Quality Framework for Care Homes for Older People and will deliver on core principles and values within the Fife HSCP Strategic Plan. A mid-cycle meeting has been agreed between Partners and the University of the West of Scotland for late August to review progress and to plan and support the latter stages of the Programme, including the evaluation.

Discharge Coordinator in Aberdeen HSCP

Aberdeen Royal Infirmary currently works within a multi-agency structure in their Discharge Hub, updating patient information and preparing for discharges into the community and care homes.

The Scottish Care's Practice Development Coordinator will work two days a week in the discharge hub and will aim to:

• Improve the patient journey between care homes from all sectors in **Aberdeen City** (including nursing homes) and hospital by mapping and developing admission and discharge processes

• Reduce the number of failed discharges

• Engage with operational staff at ARI, observe their practice and processes relating to nursing and care planning and all relevant practice and preparations relating to discharge

• Identify any areas for improvement, including the sharing of information digitally between key partners, care homes, and community teams e.g. medication errors on discharge.

• Workforce resources- potential for reduction of time being spent on discharge processes by 83%.

What is the context?

• ACHSCP Strategic Plan 2019-2022 – Ensuring that the right care is provided in the right place and at the right time when people are in need

• Scotland's Digital Health and Care Strategy: enabling, connecting and empowering (2018)

• Workforce structure in NHS Grampian and ACHSCP

• Significant challenges with delayed discharge in patient cases relating to pharmacy, equipment and adaptations, allied health professionals, transport needs etc

• Opportunities and the necessity for greater collaboration to maximise capacity for all agencies, including but not limited to pharmacy and community transport

• Previous improvement work completed at NHS Grampian for ARI and Woodend Hospitals.

Improving outcomes for individuals

Hearing awareness support

Following conversations at Scottish Care's conference - The Right to be Heard: human rights, hearing and care - local connections were established with the Independent Sector Lead, Action on Hearing Loss Project Leads, the Sensory Impairment Team and HSCP Facilitator In **South Ayrshire HSCP** to roll out a support and hearing impairment awareness training project for local care homes. The Independent Sector Lead's support to the project includes dissemination of a baseline survey, engagement opportunities with care home providers and project leads and informing & reporting on progress and outcomes to relevant Partnership initiatives at strategic level.

A key outcome is to ensure care home residents with a hearing impairment can effectively communicate 'what matters to me' and be involved in how people supporting them go about achieving these things. Other outcomes include evidencing partnership and integrated working across statutory, independent and third sector agencies in a front-line community context and contributing to data collection and mapping of services to help inform the Partnership's Transformational Change programme supporting an outcomes approach to service delivery.

Visual awareness support

In the past, **Angus** homes have been able to access visual awareness training on an ad hoc basis with staff traveling to a session run by a local group. These sessions were open to all homes but only a small number of staff from each home could attend.

It has now been several years since any sessions took place. The See/Hear group discussed how visual awareness training for care home staff could be improved. Following this discussion, a local third sector organisation was approached for funding. North Eastern Sensory Service (NESS) was asked to develop a resource for care homes to be used in a variety of ways to meet the homes' individual needs. Two boxes were created for homes to share. The resource would include PowerPoint presentations, DVDs, experiential resources and aids. The homes would be given six weeks to develop a plan on how best to use the resource.

So far six homes have used the resource and have developed individual learning packages to suit their needs. Two examples of how the resource is being used are staff blindfolded then moved in bed using a hoist; and staff assisted with eating whilst they were wearing different types of spectacles. Homes have tailored the training to meet the needs of individual residents. The training has also allowed them to identify what information they need from opticians to better support residents with certain eye conditions.

The resource boxes are extremely successful. However, they have to be picked up and delivered to the homes by the Independent Sector Lead which is not always practical.

Care About Physical Activity pilot 2017

In 2017 an application was submitted for care at home, day care and sheltered housing and respite staff in **Inverclyde HSCP** to be involved in a pilot of Care About Physical Activity (CAPA). For those attending the pilot there was a struggle to understand that CAPA was not the development of an exercise programme, more an awareness raising programme to encourage staff to support people they worked with to be more active in everyday life.

Being involved in the programme has been transformational for the staff involved and for the people they work alongside. Indeed one of the major benefits of being involved in CAPA has been that both workers and those receiving services have made changes that have been of benefit:

- A resident who only ever mobilised using a wheelchair has the confidence to walk with sticks to increase her independence
- Someone using day care is now swimming again as they used to do this when they were young
- Care plans have developed to encourage increased levels of mobility and record this in order that the person can reflect back on their

achievements

- Staff awareness of the programme means that they are more likely to work along with people rather than do things for them

- A library of resources is available for providers to access in order that they can share with each other

- Providers are willing to share ideas and will visit each other to become involved in activities

- A number of providers have also supported Greenock Morton in a successful funding bid to Changing Lives and now receive regular support from Greenock Morton with exercise and activity programmes.

CAPA has been transformational in developing the awareness of staff who deliver services but also in developing a sense of agency amongst people who use services. CAPA has supported such people to have a greater sense of what they can achieve and also what they can expect to be involved in.

Care About Physical Activity (CAPA) 2019

CAPA are now working for 12 months in **Aberdeen City** supporting a number of care providers to use the Improvement Methodology approach to look for ways they can promote opportunities for meaningful movement, however frail someone is. The Aberdeen Team includes Care Inspectorate, care homes, care at home providers, Aberdeen City Health and Social Care Partnership Public Health and Wellbeing Team and Scottish Care.

Scottish Care will be working with care teams to help them to use a Plan. Do, Study, Act (PDSA) approach and to gather data to improve the way they build day to day meaningful movement and physical activity into the lives of the older adults they support. As part of our project, Scottish Care and ACHSCP Public Health and Wellbeing Team will be on hand to support providers with any queries or support they may require alongside the local CAPA Improvement Programme Advisor.

The initial engagement events for providers to attend earlier in the year, as well as set learning events, on CAPA principles and the PDSA approach were well attended. The challenge for the remainder of the year will involve continuing to motivate and support providers taking part in the data gathering of CAPA to showcase positive outcomes for older people.

The team will organise six weekly project surgeries for those providers who are part of CAPA – these would probably take the format of some time to discuss a particular topic by bringing in a guest with specialist knowledge where useful, and some time for providers to share their project ideas and use the skills in the room to help everyone move forward, build confidence and learn from each other.

A key element of the joint work between Scottish Care and ACHSCP Public Health and Wellbeing Team will be to support providers and look for those long- term sustainability opportunities to help embed Improvement practice with the care providers for the long term.

CAPA for care at home North Lanarkshire and Dundee HSCPs 2019

Following the success of the CAPA programme for care homes, our aim was to engage with care at home providers to introduce them to the work of CAPA and provide an opportunity to share ideas through a practical learning session. Fourteen people attended from care at home and housing support services and one care home. We started with a presentation 'Three Key Principles', highlighting the importance of providing opportunities for people to take part in physical activity on a daily basis, linking to the Health and Social Care Standards to demonstrate positive outcomes for individuals. We explored examples of ways to support people to be more independent with practical ideas, specifically targeted at people living in their own homes. The focus was very much on using the principles of reablement and a different way of supporting individuals to be more active and not just about exercise sessions. Resources included – 'Moving More Often', 'the Life Curve', and a link to the Care About Physical Activity Tool Kit

An open discussion provided an opportunity to talk about the challenges affecting care at home providers, the need to have the whole team on board and staff working together. Participants shared ideas and presented some simple solutions to support staff to enable individuals to become more active with the overall benefit of improving their health. We plan to follow up in three months.

Improvement through workforce development

Evidencing staffing in care homes

Providers of care and support have a clear responsibility to provide effective staffing, though it is worth noting that there are currently no approved improvement tools to assist providers in this work within the quality Framework for Care Homes for Older People. Bearing this in mind, a group of single operated care homes in **Angus HSCP** have produced a framework for providers to use as a means of gathering evidence to demonstrate effective staffing to meet needs of residents. The group came together informally to support each other in ways to evidence staffing in different care homes This approach is not endorsed by Care Inspectorate or any other organisation. It is incumbent upon providers to demonstrate and provide staffing that meets the needs of the home.

Care cooks' course in Highland

The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for individuals living with dysphasia of all ages, in all care settings, and for all cultures. NHS Scotland directed all health boards to implement IDDSI by April 2019.

A task and finish group within **Highland** was put together to support the implementation of IDDSI across all care settings in the region. Personnel from NHS Highland, Highland Council and Scottish Care created a working group in April 2018. Part of the remit of the group was to identify potential issues around the implementation and signpost solutions. The overwhelming feedback from the sector focused on the practical skills required to modify food and liquids in line with the IDDSI guidelines.

Scottish Care in Highland approached the University of the Highlands and Islands in September 2018 to create a practical cookery course aimed at addressing the identified need across all sectors. Also involved in the discussions was the Care Inspectorate Improvement Team, as this piece of work would tie in with the recently created spotlight on Food, Fluid & Nutrition resource centre on the online resource THE HUB. Working alongside independent sector providers, NHS Highland catering teams and UHI lecturers, we have designed a four-part practical cookery course that starts in September 2019. The format of the training is four three-hour practical masterclass session concentrating on IDDSI levels 3, 4, 5 and 6, covering dishes from all meal periods including morning and afternoon tea.

A rapid evaluation of the course will take place in December, the course will then be available in January 2020 with UHI traveling to different locations across the region.

Prevention of Pressure Ulcers: an initiative that promotes integrated ways of working together

In **Perth and Kinross HSCP**, the Independent Sector Lead Scottish Care has been promoting a preventative model and supporting the staff who are caring for increasingly frail people in their own home or homely setting, by giving them the tools and knowledge to enhance the care they provide and be supported by the appropriate staff within the partnership in a timely and integrated way. The aim was to develop a trainer in each care at home and care home service who would take on the role of training all their staff in the prevention of pressure ulcers. The care staff from each service receive a training pack and the aim is the staff who are the trainers will continue to meet as a peer support network.

One of the successes has been doing the training in each locality. This has increased the uptake of places and the integration between the care at home and care home sectors. The support staff in community hospitals are now also going to attend to ensure the same practice across the Partnership as a whole. There is a self-assessment and evidence gathering tool to allow the staff to reflect on the care they provide and the feedback is that the areas who have used this feel it has been a benefit to evidencing how they are meeting the Standards.

The next step is a project to look at using the SEM-Scanner in a care at home setting. This scanner has been proven as an early detection method for people who are at risk of developing a pressure ulcer (an average of five days prior to any visible signs on the skin). The company concerned are willing to fund half of the project with a care at home provider within the Partnership. The Partnership has recently agreed to fund the other half so we hope to start this project within the independent sector in September.

Care Home Continence Project

The Care Home Continence project set out to improve approaches to continence care, using small changes to make a big difference in **South Lanarkshire HSCP**. This initiative has markedly improved the lives of people in Lanarkshire care homes. The project led to a number of improvements including a reduction in falls, of 65% urinary infection being halved and skin damage reduced by one third. The project has also significantly reduced the use of continence aids within care homes. The project's tailored two-day training was embraced by care home staff and five care homes participated in each cohort. The glue for sustainability was the weekly support and guidance visits by the Independent Sector Lead. This continues to produce excellent results, the fourth cohort has already received training. It is expected that by the end of 2020 all South Lanarkshire care homes will be involved and it will be the routine continence support for all care homes.

This is a multi- award winning project and Professor Jason Leitch, National Clinical Director of Healthcare Quality and Strategy for the Scottish Government said, "*This is ground-breaking and innovative partnership working at its best – centred around human dignity*".

Edinburgh Dementia Training Partnership

The first Scottish Dementia Strategy aimed to ensure that people and their families are supported in the best possible way to live well with dementia'. This commitment underpinned the creation of the **Edinburgh** Dementia Partnership, made up of the Independent Sector Lead, City of Edinburgh Council and NHS Edinburgh in 2013. The Partnership's key objective was to maintain and improve the quality of care and support for people living with dementia by ensuring all health and social care staff have the necessary knowledge and skills to meet the outcomes of people with dementia, their families and carers.

The training and the links fostered for participants have undoubtedly facilitated awareness of and access to other information/training resources from NHS Education for Scotland e.g. Palliative Care in Dementia, Stress and Distress training and Promoting Psychological Well-being. The Virtual Dementia Experience provides care workers with a lived experience of what it is like to walk in the shoes of someone living with dementia. The 'light bulb' moments experienced by participants during dementia training and the subsequent pledges they make in relation to changing their practice on return to their workplace supports positive changes in practice.

Conscious of the demands and the difficulties associated with releasing staff for training and the introduction of the 2020 Promoting Excellence Framework, the Dementia Training Partnership are currently working with care home managers to undertake a training needs analysis which will advise us on how best to support staff training in the future.

(National Award winners for Best Educational Initiative)

Improvement methodology workshops

The Independent Sector Leads commissioned workshops in **East Renfrewshire, Falkirk** and **Argyll & Bute HSCPs** along with the improvement support team (IST) from Care Inspectorate to provide a simple and user-friendly awareness of quality improvement (QI) methodologies, where these methodologies have come from and what they are used for. Visiting inspections teams and external providers along with the IST delivered a full day tailored workshop to equip the delegates with the knowledge and skills of Quality Improvement Methodologies.

In their respective workshops ,45 delegates took part in Argyll and Bute HSCP, 30 delegates in East Renfrewshire HSCP and 40 delegates in Falkirk HSCP. Using worked examples with different delivery methods i.e. presentations, group working and a world café, we discussed how to introduce and use Improvement Methodology in the workplace on a regular basis.

Topics used to aid discussion were:

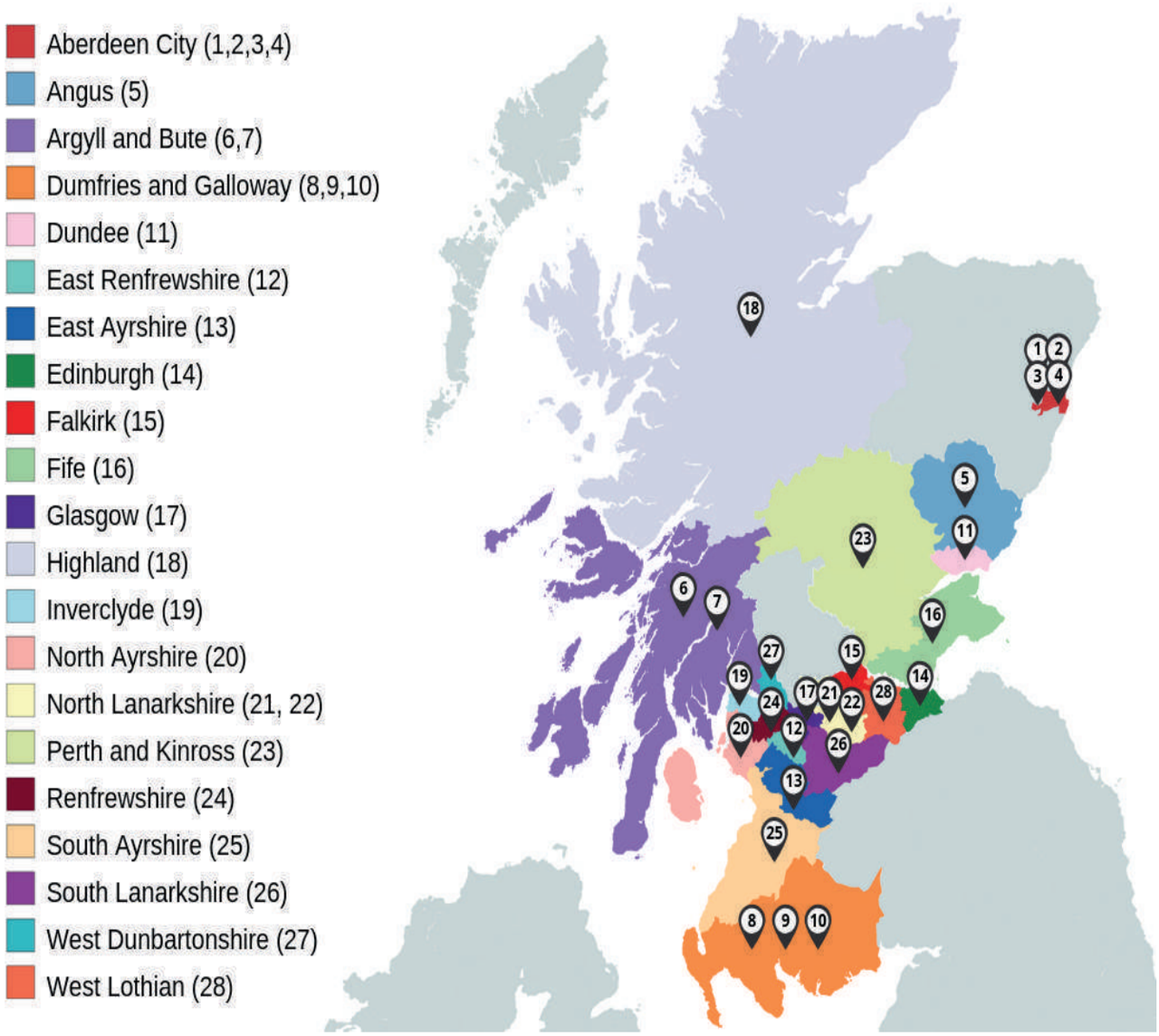
- Tissue viability & reducing pressures ulcers in care homes
- New Care Standards
- Falls innovation.

The workshops aimed to enable participants to:

- Develop an understanding of Quality Improvement
- Share best practice working collaboratively to learn from one another
- Understand and increase confidence in using Improvement Methodology and the Plan, Do, Study, Act processes.

Following on from the workshop in Falkirk, the HSCP has had regular meetings with providers to refresh the Market Facilitation Plan. This ensures all partners have a good understanding of the current levels of need and demand, in order to help support and shape the demands of the Partnership's services for the future.

APPENDIX A & APPENDIX B



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