

**FOCUS ON PARTNERS
FOR INTEGRATION
AND IMPROVEMENT**

Contents

Preface	01
Introduction	02
Building Trust Through Engagement	04
Overnight Care At Home Service	06
“John’s Campaign” In Care Homes	09
Edinburgh Dementia Training Partnership	10
Technology Enabled Care	12
Football Memories Scotland	13
Collaborative Approach To Improvement	14
National Improvement Programmes	15
Conclusion	16
Our Partners	18

Preface



Karen Hedge
National Director
Scottish Care

 @hegeit

Firstly I would like to say what an honour it is to be introducing this Focus Report on the Partners for Integration Team. They are the absolute archetype of a team too busy 'doing' to celebrate their own roles in success. This publication offers an opportunity to set the context for the Team and its role in Integration, innovation and improvement, as well as to share some of those successes through a collection of submissions written by members of the Partners for Integration Team.

What is rather frustrating about the task of writing this Preface relates to the very being of a team which focuses on Integration and improvement - by the time I have finished writing it, the reports and stories contained within may no longer be 'news': The context of improvement is forever changing, yet always striving for better.

Each member of the team is in their own way on the 'Hero's Journey'; heralding, inspiring and motivating towards change. They facilitate collaboration and create the conditions for innovation and improvement.

Not only is the context within which they work fluid but it is also varied across Scotland. However, it is this uniqueness coupled with the individual expertise that each member of the Team brings, which offers the opportunity to find and implement local solutions to national challenges.

It is within this context that our Partners Team thrive, with a never-ending dedication to achieving a seamless experience of health and social care.

This selection of reports from across Scotland shine a spotlight on the importance of a collaborative and cohesive approach not just from within the independent care sector, but across the entire health and social care landscape. Through developing a positive partnership with key stakeholders, they aim to create an environment in which providers can continue to deliver and develop the high quality care that communities require and deserve.

Ranging from the strategic to the personal, the reports also show how the right catalyst can be key to making a shared vision a reality. The Partners for Integration Team are both the conduit to cohesion and collaboration, and the catalyst.

I hope you find them as inspiring to read as I have.



Introduction

From good care to great care

It's a little over two years since the Integration of health and social care became statute; time to review and reflect alongside others such as Audit Scotland who are due to publish their latest results on the Integration in November. The Partners for Integration and Improvement team find inclusive ways to work with others across Health and Social Care Partnerships (HSCP), sharing expertise and breaking down barriers. At the core of this work are compassionate leaders, committed to generating positive changes in people's lives and services. This report contains examples of partnership working and collaboration and how this has benefited the people our sector supports. Behind each story is a blend of the best people, the best evidence and an openness and courage to try something new.

At its heart, Integration aims to ensure that those who use services get the right care and support whatever their needs, at any point in their care journey. This brings a greater emphasis on preventative care and enablement, enabling people to stay in their homes or in a care home or other homely setting, where possible in their communities, sharing their lives with their family and friends, doing the things that give life meaning and value.

The Independent Sector, being the biggest provider of social care in Scotland has a significant role to play in this programme and in recognition of this Partners for Integration was set up and hosted by Scottish Care.

The Partners for Integration and Improvement team consists of 25 team members. This is made up predominantly of Local Integration Leads, Development Officers and Engagement Officers. Working across 19 Health and Social Care Partnerships, we ensure independent sector representation and direct access to improvement support in the majority of Scotland.

The overarching aim of the team is to support independent sector engagement and involvement in the delivery of the agreed outcomes for Integration. Fundamental to this is service improvement, sharing of good practice and the development of new and innovative models of care.

Effective partnerships and collaborative working are key to Integration and improvement. With health and social care spanning such a wide spectrum it is inevitable that the Partners for Integration and Improvement team operates within an extensive network. Whether it's a relationship with an individual person, a service or an organisation, emphasis is always placed on maintaining these to the very best of our abilities.

Measuring and highlighting our success has never been more important. With HSCP's facing considerable financial challenges the value of investing in collaboration and improvement by funding the Local Integration Lead (LIL), Development Officer (DO) and Engagement Officer (EO) posts is clearly evident.



There are many success stories and examples of how and where our team members have made a difference. Whether it's planning and involvement in small tests of change, participation in national improvement programmes, representing the independent sector at local and strategic levels or engaging directly with providers and those they support, it can be guaranteed that the Partners for Integration and Improvement team will be making a significant contribution to service improvement and development at both local and national levels.

Funding for the Partners for Integration and Improvement comes from two sources – Healthcare Improvement Scotland who funds the National Lead and network, and the Health and Social Care Partnerships who fund the local teams. The level of funding varies across the country which creates inconsistency in relative impact however, consistency in effort is evidenced through the entire team making the most they can out of the resources available.

Although the HSCPs that have funded this innovative role into their Integration plans say they have benefited from the dedicated expertise our team member brings, gathering robust evaluation and measuring impact can be challenging. Evaluating the change in relationships or culture, measuring the level of collaboration or how our input has made someone in receipt of care feel is not easy or straight forward, yet it is crucial.

This publication has two key purposes – to share good practice and innovation within the independent sector and to highlight the importance and the value of the role we play in ensuring the outcomes of Integration are met.

In the following four case studies our Local Integration and Regional Leads contributions to improvements in service delivery is shared. Though different in nature, these projects highlight the importance of collaboration and the development of positive working relationships.

Building Trust Through Engagement - Developing a Trusted Assessor Initiative Aberdeen City



Julia White
Regional Lead
Aberdeen City and Tayside



Fiona Mathers
Development Officer
Aberdeen City

Context

In 2016, Julia started working as Regional Lead for Scottish Care in Aberdeen City. At that time the local social care market was seen as quite fragile and the Health and Social Care Partnership had concerns about the sustainability of service delivery especially as they commission almost 100% of adult social care services from external providers.

The Partnership recognised the value of working with the independent sector to support providers and create opportunities for them to collaborate on the major programme of transformational change that was underway. There was a degree of unmet need and reducing this was another driver for change.

Transformational change

An increased Scottish Care presence was seen as the enabler for the required transformational change in the independent sector. It would also enable partners to access shared learning from elsewhere in Scotland and beyond. Without this transformational resource, it was seen as unlikely that the independent sector would be able to benefit from the opportunities that Integration could bring.

Improving engagement

Aberdeen City's Engagement Project was funded in 2017 to improve relationships and build trust between the independent sector and the Health and Social Care Partnership. An Engagement Project team of regional manager, two development officers and a project administrator team was funded for three years to:

- Ensure active participation and leadership from the independent sector in developing and delivering change
- Contribute to the reshaping of market provision
- Ensure broad input from the independent sector in testing new models of integrated care and support
- Make better use of local assets within the independent sector
- Develop an effective partnership with the third sector in Aberdeen City

Consultation with providers

Over the summer of 2017, we carried out a consultation with care homes, which underlined providers' wish to have greater involvement with the Health and Social Care Partnership. A stakeholder event was set up for all those interested to give their views about how we might do that. It was decided that a Care Home Forum should be developed, with home managers acting as chairs and vice chairs and meeting regularly to set the agenda for discussions. Members were clear that the Forum would have to tackle long-standing systemic issues and as well as contributing to the development of new models of care and support.

How the Trusted Assessor initiative began

At an early Care Home Forum meeting, members raised issues about variations in the hospital discharge process, which led to delays with home admissions. Members also spoke about how they were becoming busier than ever, with residents with more complex conditions needing increased support. A speaker from the Partnership suggested a 'Trusted Assessor' as a way of managing the differences in hospital processes and reducing delays of around four days, as well as helping with managers' workloads.

The Trusted Assessor model was developed in Lincolnshire and evidence shows that most delays in hospital discharge can be avoided, particularly if the delay is caused by waiting for a care provider to assess and accept a patient into their service. A trusted assessor carrying out the assessment – someone acting on behalf of and with permission of the provider – is an effective way of dealing with these delays.

Systems that have adopted the trusted assessor model show that it can also improve the experience for the patient. When delivered well, it is likely to be more personal, as the assessor may already be known to the patient. It is also likely to be timelier and more appropriate to the patient's care journey as the assessor is usually located on site and can respond quickly to the request for assessment.



The role of the Trusted Assessor

All stakeholders are involved in designing and developing the role and the associated procedures - so a subgroup of the Forum will monitor how the role develops.

The Trusted Assessor:

- Undertakes assessments on behalf of care homes to ensure safe discharges
- Is transparent with the care home assessments with all those involved in the discharge
- Is a skilled communicator who understands the importance of information sharing and multi-agency working

Key benefits

- Individuals/family/ friends have an improved experience of discharge from hospital to a care home
- Care home staff resources are freed up
- Providers see an increased bed flow
- The Partnership sees a reduction in delays

Developing the pilot

Over a period of 6 months, further discussions have taken place between care home managers, Scottish Care, local practitioners and Aberdeen City Health and Social Care Partnership.

Care homes have now agreed to participate in a pilot to test this evidence-based approach in a Scottish, urban context. A formal business case has been developed for Partnership funding for two years. This has still to be finalised, but we are clear that the main focus of this approach is the building of trust between the partners and improving outcomes for individuals.

We will continue to develop the relationships which will improve services in Aberdeen City.

Overnight Care At Home Service Highland



Carolanne Mainland
Regional Lead
Scottish Care

In 2014, NHS Highland was providing older people with a traditional in-house care at home service and a small amount of independent sector contracting. We embarked on a transformational change programme within the care at home service. Our new model seeks to deliver increased care at home hours through a transfer of budget from the NHS service to the independent sector, that will improve outcomes for service users and increase the volume of delivered hours within the existing budget. The NHS care at home service focuses on the provision of short-term reablement only.

Work with the independent sector, facilitated through the Partners for Integration Team identified that the creation of discrete small geographical zones best supported providers to effectively and efficiently deliver the service requirements.

Prior to the introduction of the Overnight Service, there was no care at home provision of either scheduled or unscheduled care for older people between the hours of 10pm -7am. In general, older people requiring overnight care at home would have been admitted to hospital as an emergency, remained in hospital awaiting a care home placement, admitted directly to a care home or remained at home at significant risk. The Operational Unit clearly identified that this was a gap in service.

Development of the Service

In order to pilot this approach to overnight care at home all support and care at home providers who met the NHS Highland commissioning criteria were invited to participate in a consultation event to discuss the commissioning of an overnight service. Following this initial consultation this was narrowed down to care at home providers as other support providers do not provide personal care. This created the opportunity to use existing care at home providers with the caveat that any provider subject to placement restrictions or support with service delivery was unable to participate.

Building on the firm foundations the care at home transformational change programme presented, the opportunity to work further in a collaborative manner to design and develop an overnight service was embraced by three independent sector providers, namely Gateway, Eildon and Castle Care.

They elected to work as a co-operative, which, supported by Scottish Care, offered a creative response to the challenges of both capacity and sustainability in delivering such a service. Central to the service model is a reablement approach.

Governance

Advice was sought from the Care Inspectorate regarding the proposed operational model for the three providers working in partnership. Each partner operates under their individual care at home registration and is inspected under its own auspices. Each partner also employs a proportion of the workforce. However, to more closely align working practices, policies and procedures specific to the Specialised Overnight Service were produced. All workers, regardless of their employer, were recruited, trained and work together as a single team. There is a Heads of Agreement in place, which includes a dispute resolution process. A part time Co-ordinator is employed by one of the partners, with financial contributions made towards the post from the other two partners.

Recruitment, Training and Workforce Support

Experienced and qualified care at home staff at SVQ level 3, (or working towards), were recruited utilising a Values Based Approach underpinned by the SSSC's programme, "A question of care, a career for you?"

There was service user participation in the selection process from the Highland Senior Citizens Network (HSCN). HSCN consists of a Highland-wide network of local voices to represent the interests of the 77,000 people of the Highlands who are over 55 years.

Training was structured to ensure an authentic learning experience. It was both competence and confidence building. It offered a range of skills delivered by a spectrum of professionals. Within this range of proffered skills, was the inclusion of decision making and was delivered by a host of local independent sector and NHS professionals from a range of disciplines including OT, Physiotherapy, District Nursing, Care at Home, Psychology and Pharmacy. This was further enhanced by a session from a Service User on personalisation and individual outcomes.

This total partnership approach to staff development and training between the NHS, the 3rd Sector and the three providers is a good example of the close working and the ready access to skilled support this change has brought about.

A thorough evaluation of training showed the usefulness of each session and staff identified there were no gaps in their training.

Part of the training examined decision making and managing risk. This has empowered the workers to work more flexibly within a broad structure to ensure individual need is met.

Staff satisfaction is high. This is reflected in individual support and supervisions, practice audits, team meetings as well as in the sickness record for the service. In the 7 months of operation of the service, the total staff sickness within the service has been only one shift.

Service Delivery

A team of two workers provide a service from 10pm to 7am each night with an optimum of 17 interventions per night. This has gone as high as 22 per night where there was difficulty in discharging some people from the service due to individual or family member's expressed lack of confidence which has now been addressed.

The number of interventions varies depending on:

1. The amount of referrals
2. Complexity of calls
3. Throughput in the service

The service delivers both scheduled and unscheduled care, with the bulk of the visits being scheduled. Common interventions of the service include:

- Helping people to return to bed
- Help with continence
- Repositioning to prevent pressure sores
- Uninjured falls response
- Telecare response to 3 sheltered housing complexes

We are seeing patterns emerge with some service users who need an unscheduled response overnight. An example of this is around acute periods of discomfort during the night for people that have palliative conditions. As a result of this type of request the in-hours integrated health and social care neighbourhood teams are alerted to ensure appropriate follow up including review and support.

Service users and family carers who received scheduled interventions rated the service highly. This was confirmed by practice audits. Whilst an initial questionnaire was issued with good response, it was recognized that a continuous measure of satisfaction using postcards would help towards more effectively measuring satisfaction with unscheduled interventions.

The care outcomes for the service gives us some baseline data to standardise the length of time the service is provided to an individual for before other alternatives are considered.

There are multiple sources of referral which include:

- Integrated health and social care teams
- OOH Social Work
- NHS 24
- Discharge Support Team
- Care at Home

The service has demonstrated an ability to provide a more flexible and responsive approach to meeting the needs of individual service users and has been able, because of this, to fit unscheduled visits around a scheduled programme of support at night.



“John’s Campaign” in Care Homes South Lanarkshire



Nanette Paterson
Local Integration Lead

“John’s Campaign” began as an access campaign in hospitals and has now spread to care homes and care facilities across the UK. The main aim is to promote the right of family carers to stay with people with dementia while in any care setting and the right of person with dementia to be supported by a family member.

The John’s Campaign website describes the importance of families “who “are more than “visitors” to a person with dementia; they are an integral part of that person’s life and identity and often their last, best means of connection with the world”. Where implemented, there is evidence that there has been a reduction in falls, delirium and incidents of stress and distress.

After the success of its implementation in hospitals in South Lanarkshire, “John’s Campaign” was introduced to the care home sector in the area. This saw the care homes joining the 1000 plus organisations who have pledged their support. Nanette, who has extensive experience in working with those affected by dementia, saw the significant benefits this programme would bring to many. Knowing this she visited every care home in the area and promoted “John’s campaign”. This has proved to be very successful as every care home (independent sector and local authority) signed up to the initiative.

Having a Local Integration Lead on the ground to realise this ambition was significant in its implementation, as well as being an indication of Nanette’s vision and dedication and to the care homes’ willingness and commitment to improve the care and support delivered to those with dementia, wherever they are in their journey.

The overall aim is that this will make all transitions between hospitals and care homes a much more positive and reassuring experience both for residents and also for their families.

Nanette is proud to have played a significant role in this and was amongst those celebrating its launch at the recent event on “What Matters to You” day. Nanette described the event as “a very positive day for all”:

“This initiative will make such a difference to so many people. What a positive morning we had, there was a really good buzz in the room”

The embedding of John’s Campaign has been a success because of collaborative working and everyone involved is looking forward to seeing the outcomes.

johnscampaign.org.uk

Edinburgh Dementia Training Partnership

(National Award
Winners for
Best Educational
Initiative)



Rene Rigby
Local Integration Lead
Edinburgh City HSCP

In 2010 the Scottish Government produced the first of three National Dementia Strategies with the aim to deliver “world class dementia care and treatment” to ensure that “people and their families are supported in the best possible way to live well with dementia.” Shortly after the Standards of Care for Dementia in Scotland and Promoting Excellence: a knowledge and skills framework for all health and social care staff were launched.

The Promoting Excellence Framework describes 4 levels of competence in care and support for people with dementia: Informed, Skilled, Enhanced and Expert. All health and social care staff regardless of role should be trained to Informed Level while staff, who provide a significant amount of care and, contact should aspire to competence at Skilled Level.

These strategic aims were further developed in the second National Dementia Strategy in 2013, which stated that; “We will work with Scottish Care, SSSC, N.E.S. and others to assess the need for, and take further action on, improving service response around care homes, care at home and adult day care services” including the delivery of training.

These developments and commitments underpinned the creation of the Edinburgh Dementia Training Partnership (EDTP) involving Scottish Care, City of Edinburgh Council and NHS Lothian. The Partnership’s key objective is to maintain and improve the quality of care and support for people living with dementia. Since inception, the agencies that attendees come from have become much more diverse e.g. care home staff nurses and carers, care at home staff, social workers, day care staff from registered and unregistered services, voluntary sector agencies, residential care services, MECOPP, telecare, housing support, Edinburgh Leisure, Family Support Services and Saheliya.

The Scottish Care Local Integration Lead, Rene Rigby, recognised as the leader in this programme, has been a driving force since its inception. After accessing and securing funding she, with colleagues, developed the programme.

She has ensured the participation of independent sector providers in the area. Her ongoing role includes producing annual reports, delivery of training to participants, continual review of the programme content, ensuring participant’s pledges are met and the on-going promotion of the programme. Since its inception, the number of Dementia Ambassadors in Edinburgh City has increased from 2 to 200.

This alone is testament to the success of this initiative.

The EDTP offer a two-day training course each month. Participants are invited to undergo the ‘Dementia Experience’ -walking in the shoes of someone who is living with dementia. The aim of this simulated training experience is for participants to start to understand the issues that people living with dementia experience every day. The virtual Dementia Experience provides care workers with a lived experience of what it’s like to walk in the shoes of someone living with dementia. To construct the illusion of dementia and ageing with all the associated sensory impairments, discomforts and cognitive difficulties, participants use technology, wear adapted clothing and are given incomplete, tele-grammatic instructions, pertaining to tasks they are expected to complete. The use of loud and unsettling sound effects contributes to the illusion by impeding concentration and increasing stress levels.

Generally participants undertake the Experience in small groups rather than alone and when they have completed they are given feedback about their performance by the facilitator. The feedback is less concerned with their success in performing tasks and more about their interpretation of them; their body language; their behaviour as individuals and as part of a group – often mirroring that of service users with dementia. Participants are encouraged to reflect on their experience and describe how it made them feel and think, and whether it might change their practice. They should also be offered, if possible, the opportunity to observe other people taking part to help them identify how each person reacts differently to the tasks put in front of them. After the Experience staff should be asked to make a pledge to change how they provide care and support.

Feedback by participants following the Dementia Experience were that they experienced feelings of confusion and isolation. They felt lost, disorientated, intimidated and vulnerable; often unable to move, to follow simple instructions, to complete simple tasks. They often felt that the safest thing to do was nothing!

This practical exercise would be of benefit to everyone supporting people living with dementia. It also demonstrates just how easy it is to make your own Dementia Experience Tool Kit.

“It has helped us to begin to understand and empathise with the day-to-day experiences of people living with dementia. What will make them feel more comfortable, what will help them maintain dignity and what will help them to make sense of the confusing world around them. By making some simple adjustments to the way we give care, we can start to improve the lives of people living with dementia.”

2 → 200

**Increase in Dementia
Ambassadors in
Edinburgh City.**



Technology Enabled Care Glasgow HSCP



Elaine Rae
Regional Lead

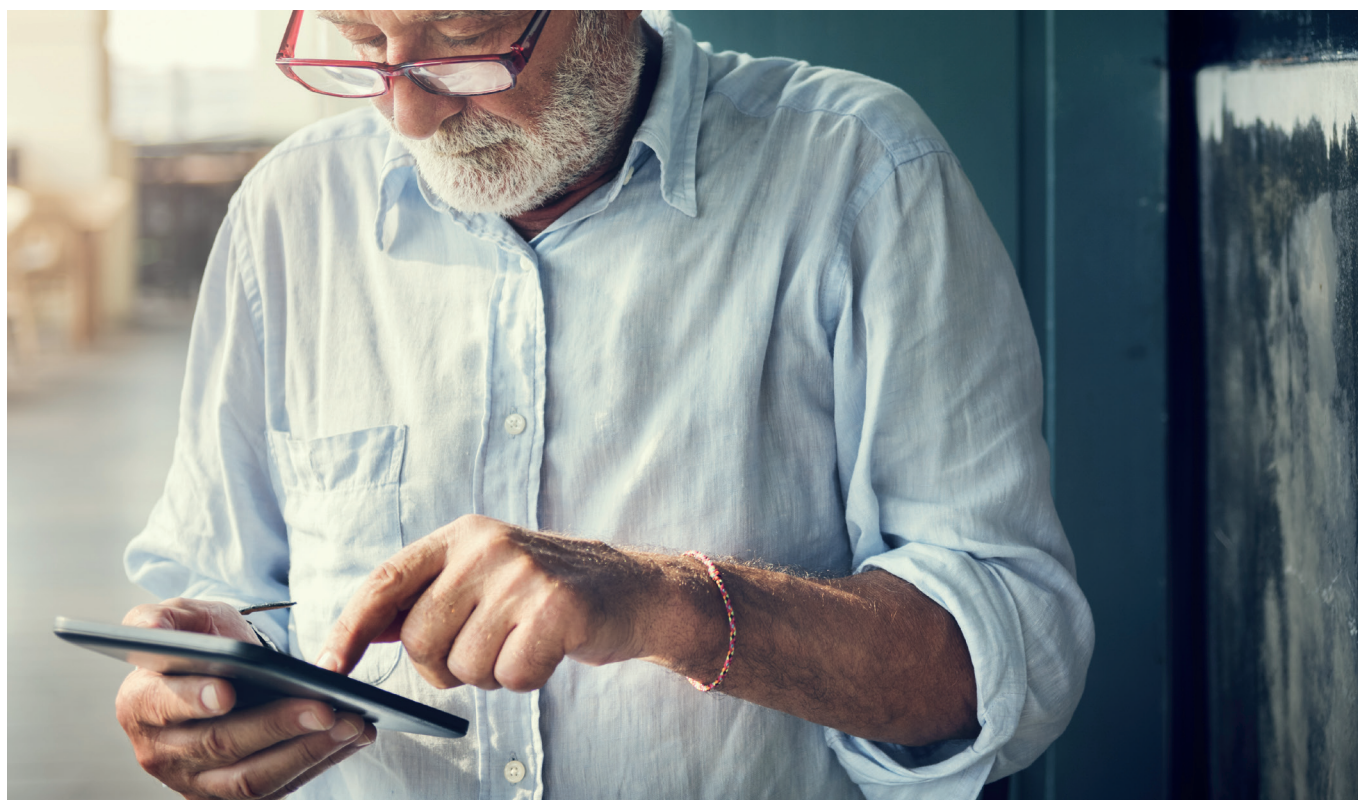
Local Integration Leads also play a significant part in keeping up-to-date with advancements in the sector, for instance, the use of technology is now part and parcel of care delivery. In Glasgow we have a wonderful example of the use of Ipads enhancing the lives of those affected by dementia.

The Scottish Government Technology Charter for people living with dementia in Scotland was launched in November 2015. It stated that the government wanted “to raise public and professional awareness of how technology could enhance lives, promote independent living, assist and complement care and support people living with dementia to be full citizens”.

In early 2016 in response to the Charter’s call for action the Glasgow Health and Social Care Partnership planned and funded a Technology enabled care project aimed at improving the lives of citizens living with dementia in care homes. Although this has been a small study - the intelligence that has emerged over the project duration supports the Charter’s assertion “that daily use of technology can improve the quality of everyday life for citizens, their families and carers”.

Over the 2-years (2016-2018) 20 Ipads were loaned out to 19 care homes. This resulted in over 100 residents accessing a wide range of technology applications, with support from staff, family members and carers. Residents utilising the Ipads had access to; newspapers, Skype, email, games, recipes, life story albums, music, TV, movies, photography, memorabilia & other personal interests on the internet. Staff, family members and carer’s have reported improvements in residents, cognitive functioning, memory, reasoning, judgement and decision-making, which they relate to the regular use of Technology Enabled Care.

Elaine Rae, the Regional Integration Lead was directly involved in the delivery and evaluation of this successful programme.



Football Memories Scotland West Lothian



Robert Telfer
Local Integration Lead

Earlier this summer Robert visited the Scottish Football Museum at Hampden stadium along with two Scottish Care colleagues and met with the Project Director of Football Memories League. His specific interest was to determine what the benefits of participation in the programme would be to care homes and their residents in West Lothian. This project – a national football reminiscence programme was established in 2009 is a partnership between Alzheimer Scotland and the Scottish Football Museum.

Football is an integral part of life for very many Scottish men and has been since the first league matches were played. With the benefits of “reminiscence” being well documented, this sees a continued love for football bringing value to men long after their days on the terraces cheering on their favourite teams.

Several West Lothian care homes expressed an interest in the project and have since registered to participate.

On registration representatives from the participating care homes will be invited to The Scottish Football Museum in Hampden, Glasgow to receive training on how to present the football reminiscence package.

On completion of this they will receive a certificate from the SFA as well as a Reminiscence Package.

This package consists of a small Volunteer’s Training Guide, a DVD with short clips of footballers and matches from past years, three sets of reminiscence cards with photographs and information from a very wide range of Scottish footballers from past years. Also, for those in care home not interested in football, there is a pack of reminiscence cards on old films and film stars. On completion of the initial training the staff will be given the password to the Football Memories website where they will have access to a further 6000 images.

Included in the package is four visits to the museum, free of charge, per year for each care home registered as a member. No limit has been placed on the numbers at these visits but it would be anticipated that it would be small groups, mini bus size, who would attend.

The museum itself is modern, well suited to disabled access. As the training session includes guidance on how best to guide their residents around the museum, care home staff are able to ensure the residents visit is a positive experience. Adjacent to the museum is a large spacious Café where visitors would be welcome to go for tea, coffee snacks etc.

It is still early days yet for this project, but overall feedback from the care home managers’ so far has been very positive. Participation in the training programme gives them the knowledge, resources and confidence to embrace this initiative fully.

We look forward to supporting the development of the Football Memories Project in West Lothian and firmly believe that the outcomes will be significant.

Collaborative Approach to Improvement

Collaboration and the nurturing of positive and mutually beneficial relationships are key ingredients of success in all the work we do. Since the inception of Partners for Integration and Improvement, we have developed close and productive relationship with many external organisations. With a growing focus on “improvement” our relationship with the Improvement Support Team within the Care Inspectorate has grown from strength to strength.

The Partners for Integration and Improvement team very much value their expertise in improvement methodology and their willingness to share this with them. Likewise the Improvement Support Team appreciate the Local Integration Leads support in the delivery of national improvement programmes and in supporting individual services.

This testimony from Edith MacIntosh, Head of Improvement Support at the Care Inspectorate captures the positivity of the relationship between the two teams.

“Collaboration is key to successful improvement and it has been really valuable over the past few years to work closely with Scottish Care and the Local Integration Leads across Scotland working together to support improvement and improve the quality of care in care services. The Improvement Support Team (IST) and the CAPA team in the Care Inspectorate have worked with the LILs in a variety of ways.”

Members of the IST have linked the LILs in to improvement projects they have been leading. This has provided additional local support, has helped to engage with services, sustain and spread improvement and embed effective practice. We have also worked with the LILs to build knowledge around improvement science and improvement tools through a workshop and have a subsequent event planned for August to take forward some of the outcomes from the first workshop. The CAPA Improvement Programme has included 3 sets of 10 learning events which LILs have been very involved in across 8 partnership areas. “

“The LILs have been key local links for supporting those independent providers involved in CAPA and encouraging them to enable people to move more. They are a key resource to support improvement and to facilitate opportunities for our improvement support team to link with partnerships and services which enables us to build capacity and capability in the care sector for improvement.”

National Improvement Programmes

The Partners and Integration and Improvement team contribute to improvement programmes at both local and national levels.

Margaret, the National Lead has been a key partner in the Reducing Pressure Ulcers in Care Homes Improvement Programme (RPUCH) and in the Specialist Dementia Unit Improvement Programme. By contributing to their respective Steering Groups and by supporting the programme and those participating, she has been able to ensure that the other group members had a clear insight into the aspirations, challenges, opportunities and expertise within the independent sector and raise awareness of the environment we operate in.

The Reducing Pressure Ulcers in Care Homes programme ended in December 2017 and the focus is now on sharing the learning across the sector. This programme, a partnership between Scottish Care, Healthcare Improvement Scotland and the Care Inspectorate, has generated interest at both national and international levels. Participants, including one of the LIL's, were invited to present at the UK Tissue Viability Conference in Manchester in December 2017 and Margaret joined a colleague from the Care Inspectorate to present a poster at the European Wound Management Conference in Krakow this spring.

These national programmes have significantly strengthened relationships with the Care Inspectorate Improvement team and Healthcare Improvement Scotland. Being one of the first times that Healthcare Improvement Scotland has worked in such close partnership with Scottish Care, it has been an excellent opportunity for raising awareness of the independent sector within the organisation.



Conclusion



Margaret McKeith
National Lead
Partners for Integration
and Improvement

If you were to ask a Local Integration Lead to describe their role, the responses would be as varied as the roles themselves. The case studies are a small sample of the contribution the team are making to improve the outcomes for the people our sector supports.

There are very many other examples, the development of a Care Academy in North Lanarkshire and the establishment of a training consortium in Falkirk being two. The Local Integration Leads there have been very much part of these initiatives.

The Care Academy will develop and promote a range of entry routes to jobs in the health and social care sector and hopefully attract school leavers into our sector while the training consortium will aid staff retention and ensure quality. Supporting continuous professional development is a key driver for evidencing the value of employees, which then encourages greater employee engagement. The aim is that this initiative will result in a higher standards of care being delivered by a more motivated and loyal workforce.

Both these initiatives /models are being explored and replicated across the country. With Partners for Integration and Improvement comes the opportunity and mechanisms for sharing good practice.

Developing and ensuring the effectiveness of these mechanisms and evidencing the value of the Local Integration Lead role are key elements of the National Lead's post. Given the

positive feedback from Partnerships, in theory this should be a straight forward process but in reality this has at times been challenging. Despite robust reporting and governance structures, this difference can be difficult to articulate; it is hoped that the spotlights contained in this report should provide some context, and this report will act as vehicle to showcase what we do.

Accessing, securing and evidencing funding for the Partners Team forms a key element of the National Leads role. Positively, some Health and Social Care Partnerships have now 'baselined' the funding which evidences the value of the team, but also allows LILs to focus on "getting the job done" and truly engage in and contribute to transformational change in service delivery.

With the recognition and acknowledgment of the positive impact the LILs have from many HSCPs there becomes a huge sense of job satisfaction and a feeling that we are making a difference to the lives of many. Whether it is a provider developing a new service, a resident in a care home benefiting from a local or national improvement programme or it's the independent sector's voice being heard in a wide variety of fora, you can guarantee one of our team will have contributed in some way. On reading each of the case studies it may be difficult to pin point the exact role the LIL played.



What is certain is though is that without their input it is highly unlikely there would have been any case studies to share. They are the conduit for sharing information, often the person who will get all the stakeholders on board, and the driving force in seeing the project through (whatever or indeed however that may be).

As well as being an innovator and mentor, the LILs dedicate a significant part of their time representing the sector at strategic and locality levels in the HSCP's while the National Lead does likewise on the national platform.

By pulling on the intelligence from the team working across Scotland, and optimising on opportunities for promoting the role the independent sector can play in achieving the outcomes for integration the National Lead is pivotal. This ensures the independent sector is involved in national improvement programmes, receives the recognition it deserves and most importantly, will be regarded as a true partner in service delivery.

The overarching aim of the Integration of health and social care is, as we know, to ensure that those who use services get the right care and support whatever their needs, at any point in their care journey. We also know that the independent sector is the biggest provider of care so our contribution to achieving this is momentous. Through our commitment to service excellence, our skilled and passionate workforce, our ability to adapt to local

needs, our access to improvement, our communication networks and our wide range of services, our contribution cannot be underestimated. Nor should the contribution of the Partners for Integration and Improvement Team to this national agenda be undervalued and unappreciated.

As National Lead, I am proud of the contribution that the Partners for Integration and Improvement Team makes, the ultimate impact this has on the lives of those who access care and services, and the support we provide to those delivering it.

I look forward to seeing what the next year will bring.

Our Partners

Scottish Care would like to thank the following organisations for their collaboration on this document.



Scottish Care is a membership organisation and the representative body for independent social care services in Scotland.

Scottish Care represents over 400 organisations, which totals almost 1000 individual services, delivering residential care, nursing care, day care, care at home and housing support services.

Our membership covers both private and voluntary sector provider organisations. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations.

Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

The Scottish independent social care sector contributes to:

- The employment of over 100,000 people
- The employment of over 5,000 nurses
- The provision of 85% of care home places in Scotland
- The delivery of over 50% of home care hours for older people
- Supports providers to meet regulatory and registration requirements
- Ensures providers are updated with the latest employment and workforce news.

More information on the Partners for Integration and Improvement project, including contact details for team members, can be obtained from the Scottish Care website – **www.scottishcare.org**



Date of publication
September 2018

Scottish Care
25 Barns Street,
Ayr, KA7 1XB
Co. SC243076

WWW.SCOTTISHCARE.ORG