

Agenda Item	5
Report No	JMC-06-24

THE HIGHLAND COUNCIL / NHS HIGHLAND

Committee: Joint Monitoring Committee

Date: 19 June 2024

Report Title: Collaborative Care Home Support Update

Report By: Chief Officer, Highland Health and Social Care Partnership
and Executive Chief Officer Health and Social Care & Chief
Social Work Officer, The Highland Council

1. Purpose/Executive Summary

1.1 This report provides an update on, and outcomes from, collaborative care home support funding from Scottish Government and describes the collaborative approach and arrangements in place to support independent sector care home delivery and the achievement of good outcomes for residents across Highland.

2. Recommendations

2.1 Members are asked to:

- i. **Note** the report and the forward intentions as contained herein.

3. Implications

3.1 Resource

A fund of £681k was received by the Partnership from Scottish Government in 2023-2024, to direct towards improving the lives of those people living in care homes. There are resource implications associated with the annual establishment / re-establishment of Collaborative Care Home Support arrangements, awaiting annual confirmation.

3.2 Legal

There are no legal implications identified.

3.3 Community (Equality, Poverty, Rural and Island)

There are no community implications identified.

3.4 Climate Change / Carbon Clever

There are no climate change / carbon clever implications identified.

3.5 Risk

The short term nature of the 12 month funding compromises the Partnership's ability to robustly and sustainably establish arrangements and will inevitably lead to the arrangements discontinuing through early staff departure, without a commitment to continuation. The risks this presents are a limited and interrupted support to providers and a loss of trust as relationships are established and then ended as there is insufficient commitment to enable team members to remain in post.

3.6 Gaelic

There are no Gaelic implications identified.

4. Background

4.1 There have been ongoing support requirements of NHS Highland in respect of independent sector care homes since May 2020, when the Scottish Government mandated Boards to have clinical and care oversight of all care homes, in addition to their existing adult social work and social care, commissioning and public health responsibilities.

4.2 This requirement led to the creation of care home oversight arrangements, with a responsibility to have a daily awareness of issues in all care homes and to respond and react as required. The reporting around this activity was overseen by a Care Home Oversight Group chaired by the Chief Officer.

4.3 The focus and emphasis has shifted since this time from oversight to collaboration, following both the publication of the *My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes* in June 2022 ([healthcare-framework-adults-living-care-homes-health-care-home.pdf \(www.gov.scot\)](https://www.gov.scot/publications/healthcare-framework-adults-living-care-homes-health-care-home/pdf/pages/1-10.pdf)) and also the updated direction from Scottish Government in December 2022 and March 2023 (attached at **Appendix 1**) around collaborative support to care homes to improve the lives of people living in care homes.

4.4 The previous oversight group has been replaced by a Collaborative Care Home Support – Strategic Group, who to date, have had a focus on delivery of the plan submitted to the Scottish Government for the allocation of £681k (2023-2024) to the Highland Health and Social Care Partnership.

4.5 This funding is non recurring but has been received annually in different forms since 2020, all associated with supporting care homes.

4.6 NHS Highland have made consistent representations to Scottish Government about the practical challenges of non recurring funding – meaning that delivering a plan with short, fixed term posts, with the existing recruitment challenges in Highland, effectively means that there is no remaining team at the end of the year and recruitment from scratch needs to be repeated annually.

4.7 Notwithstanding, a plan was submitted to Scottish Government in May 2023. This required to be reviewed and revised over the course of the year in response to arising recruitment challenges, vacancies, underspend and to continue to ensure the primary objective of the funding (improving the lives of those living in care homes) was met.

5. Collaborative Care Home Support Activity

5.1 The key areas of collaborative focus were:

1. Collaborative Care Home Support Team

The creation of a multi-disciplinary team (nursing, Public Health, podiatry, speech and language therapy, physiotherapy, dietetics) operating to a work plan jointly developed with the care home sector, to:

- provide increased ease of rapid access to multi-disciplinary team specifically for care home residents to ensure timely advice, support and intervention.
- facilitate interdisciplinary multi-sector learning to build upon the existing skills to support individuals living in care homes and support meaningful and consistent training that is fit for purpose and which recognises the increasing complexities of care home roles.
- deliver online and face to face training sessions, weekly drop in sessions and ad hoc support.

Over the period, 53 online training sessions were delivered to 667 participants; and 17 face to face training sessions were delivered to 20 different care homes.

2. Resident Wellbeing Fund

From the available Scottish Government funding, £241k was redirected from unfilled posts for the purpose of a resident wellbeing fund:

- Care home managers and staff were approached for input as to where the money would be best spent to help improve residents' experience of being in a care home.
- 4 themes were identified for spend (experiences, activity, sensory and technology).
- Funds were directly issued to care homes based on bed capacity.
- A significant number of outcomes were met from the fund, positively impacting the lives of the residents in the care homes.

96% of residents in Highland were able to directly benefit from the fund. An outcome report around this fund is provided at **Appendix 2** which clearly illustrates the positive and direct impacts.

3. Independent Sector Care Homes Career and Attraction Lead

At the sector's request, this post was created and is hosted by Scottish Care, to:

- Increase number of people working in independent sector care homes
- Lead and support coordinated sector care home attraction activity
- Create single online presence and positive social media content
- Proactively identify potential new employees, generate interest in care home employment, raise positive profiles and support locality attraction initiatives

This post holder only commenced in role in late January 2024 and outcome monitoring information is in preparation.

5.2 NHSH provide support to independent care home activity in a number of ways. In addition to the Collaborative Care Home Support Team noted above, the following other inputs are exemplified (this list is not exhaustive):

- Care Response Team and Reservists
- Public Health and Health Protection
- Lead Nurse (Care Homes and Care at Home)
- Palliative Care Line
- Care Home Education Facilitator
- Business continuity and winter preparedness
- Scottish Care Independent Sector Lead (Care Homes)
- Supportive Improvement Processes and Plans
- Commissioning support
- Care home business stream meetings

6. Further Developing Collaborative Support Approaches

6.1 Going forward, it is the intention of the Collaborative Care Home Support – Strategic Group to broaden its focus to wider collaborative aspirations and opportunities with the sector and to also ensure appropriate engagement of those who use or are impacted by these services.

6.2 As part of this it is considered it would be helpful to better coordinate our existing supports into coordinated core business and to enable NHSH to best respond to and support to ongoing and arising sector issues.

6.3 This forward direction is under active consideration and proposals will be developed over coming months.

Designation: Chief Officer, Highland Health and Social Care Partnership and the Executive Chief Officer Health and Social Care & CSWO, The Highland Council

Date: 27 May 2024

Author: Pamela Cremin

Background Papers: None

Appendix 1

Scottish Government Direction - Collaborative Care Home Support



Funding for
Collaborative Care Hc

Appendix 2

Collaborative Care Home Support - Resident Wellbeing Fund Outcomes



Appendix 2 -
Wellbeing Fund for R

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17 March 2023

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors, Directors of Public Health, Medical Directors
Cc: Local Authority Chief Executives and NHS Chief Executives, NHS Board Directors of Finance

Funding for Collaborative Care Home Support arrangements 2023/24

We are writing to confirm the continued funding arrangements for providing collaborative clinical and care support for adult and older people's care homes. The Scottish Government is making £14 million available to maintain and build on the **Collaborative Care Home Support (CCHS) arrangements (previously called Oversight arrangements)**.

The funding breakdown by NHS Board is outlined in Annex A. We hope this will be helpful to you as you continue to work with and support care homes locally.

The recommendation to continue the whole system multidisciplinary support arrangements was outlined in our [letter and advice note](#) of 14 December 2022 (Annex B). As you know this followed a review undertaken by a Short Life Working Group comprising a range of stakeholders from across the health and social care sector. In our December communication, we provided guiding principles and a framework to support health and social care professionals to continue to work together to identify ways to improve the health and wellbeing of people living in care homes.

The funding recognises the recovery phase that the social care sector is still in. It is to provide additionality, over and above core work and statutory roles, and is intended to create conditions for improving outcomes for people who live in care homes. We anticipate that it will maintain a network of support for care homes and those who live and work in them. The focus of this funding is improvement and

assurance, and complements the funding previously provided for multi-disciplinary teams.

As outlined in our advice note of 14 December 2022, staff roles funded by this allocation should focus on supporting the implementation of and embedding the recommendations made in the [My Health, My Care, My Home - healthcare framework for adults living in care homes](#), and the [Health and Social Care Standards](#).

The majority of funding and thus focus of attention should be directed towards continuous improvement affecting the quality and safety of resident care, and providing assurance. Where posts are continued or created to meet additionality required, it is expected that funded post holders will either be directly or indirectly involved in improving resident care. This should be demonstrated through role modelling, delivering and demonstrating high quality evidence-based care, provision of education, training and development for the care home workforce, monitoring the impact of the above, providing a voice for nursing, and through this assuring that care meets the health and wellbeing needs of residents or escalating timeously where there are concerns in order that appropriate action can be taken.

We know that many of you have already evolved your CCHS teams (or equivalent) in line with the principles and focus outlined in our December communication. Recognising the collaborative and coordinated multidisciplinary nature of the CCHS teams, **the funding is being given to Health Boards with the intention that it will be appropriately distributed as deemed necessary to meet the aforementioned requirements between the Board and HSCP. This distribution should be agreed, overseen and monitored by the local CCHS team.**

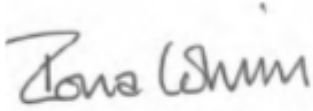
Outcomes and assessing progress

With the focus of improving the health and wellbeing outcomes of people living in care homes, CCHS teams should take an outcomes-focused approach to planning, implementing and evaluating support. Many of you will be utilising an existing or a locally developed set of outcomes to guide your work. The nine [National Health and Wellbeing Outcomes](#) which HSCPs use to support commissioning are a good starting point alongside the [My Health, My Care, My Home - healthcare framework for adults living in care homes](#), which contains six core elements of care and support.

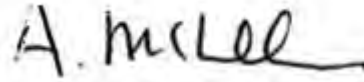
A condition of the funding will be a commitment to provide Scottish Ministers with information on the plans for your approach and the impact of the funding. To achieve this we ask a short overview is returned by 30th April on how local areas already are or envisage using the funding to improve outcomes (see Annex C).

We will consider how to understand and report on overall impact including sharing and dissemination of learning nationally and will be in touch in due course.

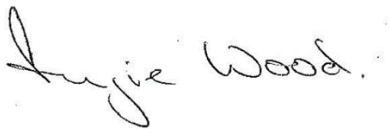
Yours sincerely



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Chief Social Work Advisor



Professor Alex McMahon
Chief Nursing Officer



Angie Wood
Interim Director Social Care

Table – Funding by Board

	NRAC Split*	NRAC Share
NHS Ayrshire and Arran	7.32%	£1,024,493
NHS Borders	2.15%	£300,400
NHS Dumfries and Galloway	2.97%	£415,362
NHS Fife	6.86%	£960,513
NHS Forth Valley	5.46%	£764,751
NHS Grampian	9.81%	£1,373,030
NHS Greater Glasgow & Clyde	22.18%	£3,105,168
NHS Highland	6.58%	£921,390
NHS Lanarkshire	12.28%	£1,719,370
NHS Lothian	14.97%	£2,095,862
NHS Orkney	0.49%	£69,017
NHS Shetland	0.48%	£66,659
NHS Tayside	7.80%	£1,091,860
NHS Western Isles	0.66%	£92,126
Total	100.00%	£14,000,000

*Based on 2022-23 NRAC split – to be adjusted when allocation is processed using 2023-24 split.

Letter and advice note - 14 December 2022

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14th December 2022

To: Chief Social Work Officers, IJB Chief Officers, Executive Nurse Directors,
Directors of Public Health, Medical Directors

Cc: Local Authority Chief Executives and NHS Chief Executives

New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

We are writing to confirm new arrangements for providing enhanced collaborative clinical and care support for social care in Scotland. This follows a review undertaken by a Short Life Working Group (SLWG) comprising a range of stakeholders from across the health and social care sector.

We know that the social care workforce is continually and tirelessly providing exceptional care and innovating in the face of many challenges. We would like to build on this strong platform by ensuring that the sector is supported when needed and there is a continuous cycle of cross sector collaborative support to strengthen what is already in place.

As you know, arrangements for providing additional whole system, multidisciplinary support for adult care homes have evolved during the pandemic since the original request in May 2020 from the then Cabinet Secretary for Health and Social Care. Arrangements were subsequently widened to include adult social care. There has been considerable learning and examples of excellent partnership working during this time, and a recognition of the outstanding contribution and skills of so many care

home staff and the teams that support them. That learning has very much been a two-way process.

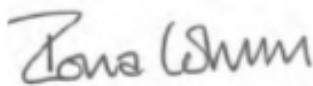
While there has been considerable value in the arrangements, it has been important to review them to ensure that they reflect the current context. Based on the findings of the review and taking account of the current pressures facing the sector, we have developed a number of recommendations. **Overall we recommend continued enhanced support for adult and older people's care homes to support the sector as it emerges from the pandemic and as it deals with the current pressures.** This note follows one from Caroline Lamb and Sally Loudon on the 8th December on winter pressures and preparedness.

We note that such an approach outlined for care homes is also relevant for the wider social care sector, which many local systems have already adopted.

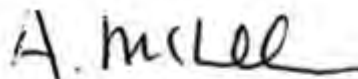
The recommendations are outlined in the advice note in Annex 1. They support a partnership approach, which recognises the experience of care home staff and the provision of support to care homes in the context of ensuring a homely environment in which people live and work. The note provides guiding principles and a framework which recommends that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes, as described in My Health, My Care, My Home - healthcare framework for adults living in care homes published by SG in June 2022 and Health and Social Care Standards in Scotland.

We hope this will be helpful to you as you continue to work with and support care homes locally.

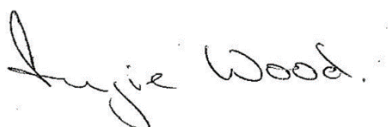
Yours sincerely



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Annex 1

New Arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes - Advice Note

Overview

Enhanced clinical and care oversight arrangements for care homes were put in place early on in the pandemic to support care home staff to keep residents safe. This followed a request from the then Cabinet Secretary for Health and Sport for multi-disciplinary teams, comprising key clinical and care leads from NHS Boards and local authorities, to provide additional whole system support to protect residents and staff^{1,2}. There has been considerable learning and examples of excellent partnership working during this time. Using this learning, a Short Life Working Group (SLWG) comprising a range of stakeholders across the sector reviewed the arrangements.

Based on the findings of the review to date and, taking account of the current pressures facing the sector, this advice note sets out recommendations, informed by the SLWG, for new arrangements for providing continuing enhanced support to adult and older people's care homes in Scotland.

Many areas have already evolved their arrangements, in collaboration with care homes, to focus on improvement, sustainability and viability, taking into account the learning and experience of the pandemic and the strong, positive relationships built between local partners and care home staff, residents and families. The outstanding contribution and skills of so many care home staff and the teams that support them during the pandemic is recognised. Currently care homes, along with other parts of the health and social care system, are operating within an increasingly complex and pressurised environment. Their value and ongoing success is critical to the future sustainability of locally based health and social care provision.

The intention of this advice note is not to supersede existing arrangements, but to provide guiding principles and a framework for collaborative improvement to strengthen any locally developed approach whilst ensuring a level of consistency across the country.

Proposed new arrangements

There has been considerable value in the clinical and care oversight arrangements which have enabled whole system support to be provided to care homes during an

¹ [Strengthened clinical oversight for care homes - gov.scot \(www.gov.scot\)](http://www.gov.scot)

² [Coronavirus \(COVID-19\): care home oversight - gov.scot \(www.gov.scot\)](http://www.gov.scot)

unprecedented time of crisis. Local arrangements have generally worked best where conditions have been created for a partnership approach which has fostered mutual respect, trust and equal voice. Key to the approach has been a recognition of the experience of care home staff; assurance support in the context of ensuring a homely environment in which people live and work; and solution-focussed improvement support conversations with supportive follow-up.³ Arrangements which link effectively with, rather than seeking to duplicate, wider regulation activity by the Care Inspectorate, have worked well.

On this basis it is recommended that:

- Assurance and support arrangements continue but there should be a continued focus on adult and older people's care homes. They should evolve to take account of the current situation to support care homes as they emerge from the pandemic and deal with the current pressures facing the sector. Where local systems have evolved to include the wider social care sector, these principles should also apply.
- **Local oversight teams should be renamed as Collaborative Care Home Support Teams or local equivalent – removing 'oversight' from the name is recommended.** This is to reflect the emphasis on building on existing good practice, collaborative improvement and assurance, wider considerations around the pressures of financial viability/ sustainability in the face of rising costs and to avoid confusion with the statutory duties of the Care Inspectorate.
- The local teams' TOR and membership should be reviewed in line with this shift, recognising that the need for flexibility to respond to current challenges (see below for more details around roles).
- Collaborative Care Home Support Teams should take a collaborative improvement approach, with health and social care professionals working together using approaches such as [appreciative inquiry](#)⁴ to identify ways to improve health and wellbeing of people living in care homes as described in My Health, My Care, My Home - healthcare framework for adults living in care homes⁵ published by SG in June 2022 and Health and Social Care Standards in Scotland⁶. There should be robust engagement with care homes including representatives for example through Scottish Care, CCPS.
- Collaborative Care Home Support Teams should not replicate inspection or regulation, which is the clear statutory responsibility of the Care Inspectorate. There should be a move away from an inspection model of assurance which has caused confusion in the sector and teams should not use Care Inspectorate terminology. For example, rather than making recommendations or areas for improvement identify what is working well and how to build on this in line with an appreciative inquiry approach. Decisions on assurance visits should be guided by local circumstances which may mean a nuanced approach.

³ [Care home quality assurance during COVID-19 | Iriss](#)

⁴ Appreciative Inquiry practical resources SSSC <https://lms.learn.sssc.uk.com/course/view.php?id=14>

⁵ [My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot \(www.gov.scot\)](https://www.gov.scot/my-health-my-care-my-home)

⁶ [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](https://www.gov.scot/health-social-care-standards)

- Collaborative Care Home Support Teams will have an ongoing duty to respond to serious concerns by taking immediate steps to mitigate risks and reporting concerns to the regulator, who will consider what, if any, action may be appropriate at an individual or regional service level.
- The Care Inspectorate share with Executive Nurse Directors, Chief Social Work Officers and Health and Social Care Partnerships concerns about care services by providing both with copies of Letters of Serious Concern and Improvement Notices issued. These should be used to guide improvement with a multi-agency action plan put in place that includes the involvement of the Care Inspectorate.
- Where NHS Boards issue instructions or policies for their staff to provide mutual aid for local care homes then this work by NHS staff would fall within the scope of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Nevertheless, where questions arise about individual cases, NHS Boards should consult the Central Legal Office about the Board's potential liabilities in those cases.

Supporting people to live well in a homely setting

Care homes, whether they provide residential or nursing care, are people's homes and are not clinical settings. However, it is nevertheless entirely appropriate that there should be assurance of clinical standards and quality of care sought by Executive Nurse Directors, in the context of Excellence in Care. This is a national approach which aims to ensure people have confidence they will receive a consistent standard and quality of care no matter where they live.

It is therefore recommended that:

- Arrangements should focus on clinical and care support with leadership from Executive Nurse Directors, Chief Social Work Officers, HSCP Chief Officers and Medical Directors in full partnership with providers and care home staff who are experts in providing care and support for people in a homely setting. Directors of Public Health should continue to play a role in outbreak support to care homes. The roles of other professionals to support the Group around understanding of pressures, developments and opportunities across the whole system will also be important. For example, Director of Planning and Commissioning and social care contracts team or equivalent to make best use of intelligence from contracts and commissioning teams.
- Executive Nurse Directors should ensure that care homes are being supported in the context of Excellence in Care to facilitate the best possible care for residents, including IPC support for embedding of the National Infection Prevention Control manual. Such support should be delivered in full and collaborative partnership and aligned with My Health, My Care, and My Home - healthcare framework for adults living in care homes, the Health and Social Care Standards in Scotland, Healthcare Improvement Scotland IPC standards/national IPC requirements and the National Care Home Contract.
- Executive Nurse Directors and Chief Social Work Officers should continue to work in close partnership with the Care Inspectorate to act on findings from inspection and when intelligence is shared to guide the support to services. There should be a collaborative approach to the development of improvement

plans with care homes, HSCP operational/professional leads and the Care Inspectorate.

- Collaborative Care Home Support Teams should continue to monitor opportunities for people living in care homes to connect with their loved ones both in and out of the home in the context of the ongoing delivery of Anne's Law (named visitor policy, health and social care standards implementation and any forthcoming directions linked to provisions in the National Care Service (Scotland) Bill)

Support for responding to current challenges

Many of the challenges facing the care home sector that were apparent during the pandemic remain and have been exacerbated by recent cost of living crisis, staff shortages and wider pressures in the health and social care sector. Collective and ongoing support for care home staff and those living and working in care homes has never been more important at this time. It is therefore recommended that:

- Care Home Support Teams, under the leadership of the appropriate person should monitor the viability of care homes as far as is practicable, taking a whole system overview of capacity. The arrangements for this will vary locally depending on other support systems for example at Board level. Regardless of the arrangements, this should be supported by planning and commissioning teams in HSCPs.
- The following guidelines for Care Home Support Teams to assist in monitoring capacity and to support with the provision of assurance to Scottish Ministers will be useful. Collaborative Care Home Support Teams should have:
 - A pathway for escalating/report serious concerns about quality and safety in care homes to the Care Inspectorate
 - Ongoing review of local care home bed availability and viability, including workforce and financial risks, taking a whole system approach which appropriately balances risks and considers provider as well as individual service viability/sustainability.
 - Refreshed contingency planning for care home closures recognising that multiple care homes may fail due to viability
 - Sight of a strategic plan for commissioning care homes as developed by local Social Care Contracts and Commissioning teams
 - Where there are care home beds not being used there should be work with providers to understand reason for this and put supports in place, for example improvement support or support with staffing where appropriate, recognising that there are staffing challenges across the whole health and social care sector
 - Escalating concerns nationally through the recently redesigned "Director of Public Health" care home monitoring template which now focuses on viability and pressures.
 - Regular review of completion rates of the Safety Huddle Tool – this is particularly important for local planning.
 - Transitions of care between care homes and hospitals – consider drawing on best practice including hospital at home, to enable where appropriate admission prevention and planned interventions to keep residents safe in

their own home. In the same way, facilitation of timely discharge to hospital should be a key element of consideration.

- Started developing a local plan towards implementation of the Healthcare Framework for Care Homes, with MDT support to care home residents and a quality management approach based on the Health and Social Care Standards.
- Care Home Support Teams alongside providers may find it useful to undertake a self-assessment based on the healthcare framework to identify actions that can be taken forward by all partners to support people in care homes. We are already aware that many areas are or have undertaken a mapping exercise and prioritising which of the recommendations to focus on in the first instance. We will continue to support implementation in the New Year.

Conclusion

This advice note has been developed with input from SLWG members. It recognises that in many places assurance and support arrangements have already evolved to respond to the current context based on good practice and sound partnership working. These recommendations seek to provide guiding principles and a framework to support local approaches. With many significant challenges facing the care home sector at this time, such approaches will be essential to supporting those living and working in care homes.

Going forward collaborative work will commence to consider the development of a Collaborative Improvement Model to provide a framework to support local approaches aligned to existing work looking at improvement models and support in the social care sector. This will enable more detailed consideration and confirmation of the roles of clinical and professional leads including Executive Nurse Directors in context of a collaborative improvement approach.

Annex C

CCHS teams reporting

Local CCHS teams should provide, by 30 April 2023, an overview of how the money will be spent in line with the objectives set out in 14 December 2022 letter and how improvement will be monitored and reported, using qualitative and quantitative measures.

We continue to receive a monthly return (previously Director of Public Health (DPH) return) from each Health Board that details immediate care home concerns and challenges including viability and we will review these along with the template below.

Template

Please send plans for your area to CareHomesCovidSupport@gov.scot, by 17:00 on 30 April 2023 with subject 'Care Home Collaborative Support team plans'

1. What are the overall aims and anticipated outcomes of the work of the CCHS team, taking account of learning to date?
2. i) Outline how the CCHS team will support the objectives outlined in the 14 December 2022 letter?
2ii). How will the funding will be used to contribute to overall improvement and building capacity for improvement? (it might be helpful to use the pillars outlined in the healthcare framework to structure answer)
3. How are the CCHS team monitoring and evaluating improvement? If easier please send standalone reports have been carried out on specific projects to date.
4. What has worked well so far (what will you consider scaling up for example)?
5. What has worked less well so far? What have your learned that would be valuable to share with others (including challenges that you have had to overcome?)

6. Please detail anything else you would like to share with Scottish Ministers?

7. Please provide details of the expenditure of this funding, broken down into resource e.g. staff, whether full or part time, £value (see table below)

For example

Resource	Hours	Unit Cost	FTE	Total Cost
Advanced nurse practitioner	37	£40,000	1	£40,000
Staff Training		£5,000	N/A	£5000

CARE HOME COLLABORATIVE SUPPORT - NORTH HIGHLAND

MAXIMISING RESIDENT EXPERIENCE AND WELLBEING ACTIVITIES FUND REPORT

1,707

96%

Number of residents
who benefitted or will
benefit ongoing from
the fund

Percentage of total Care
Home residents who have
benefitted or will benefit
ongoing from the fund

MARCH 2024

PREPARED BY:
GWEN HARRISON
INDEPENDENT SECTOR LEAD
(CARE HOMES) HIGHLAND



BACKGROUND

Within North Highland there are 47 Independent Sector Care Homes and 14 NHS Care Homes covering a mix of urban and rural settings, 25 of these are nursing homes. Of these, 44 are within the Inner Moray Firth area and 17 within North and West, 48 are in the main care for the elderly (65+) and 13 supporting younger adults (under 65), covering a mix of learning and physical disabilities, mental health, and substance use. Of the Independent Sector homes, 33 are private sector and 14 are for not for profit / charity.

NHS Highland is in receipt of funding from Scottish Government of £681k for collaborative care home support - the purpose of which is to improve the lives of people living in care homes.

This funding is being used for the Collaborative Care Home Support Team and to also fund the Partners for Integration / Scottish Care - Independent Sector Care Home Career and Attraction post.

The funding from Scottish Government is allocated on a 12-month basis only, which has caused challenges to being able to fully recruit to the collaborative team. As a result, there was a projected underspend of £240k, which was utilised instead as a maximising resident experience / wellbeing fund, but still fulfilling the primary objective of the funding this being to improve the lives of people living in care homes.

Funding theme suggestions

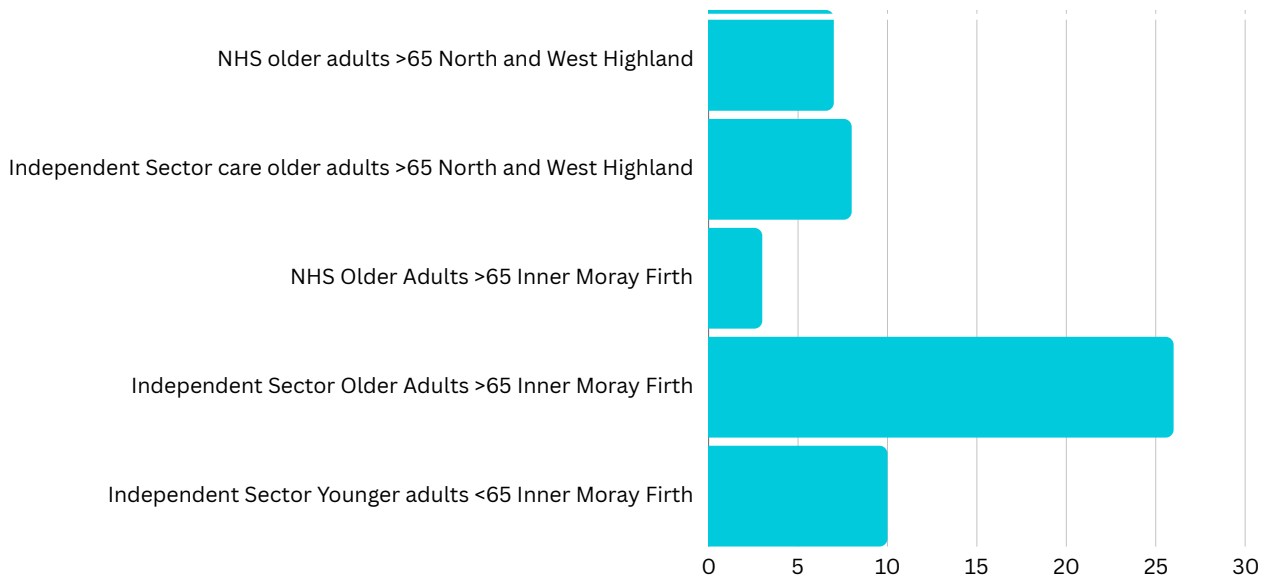
Through feedback received from informal discussion through Collaborative Care home support team and through the Scottish Care Independent Sector Lead, the following 4 funding themes were identified:

Experiences	Activity	Sensory	Technology
examples include a party, or an event	examples include things like mobility bikes, burns gym or yoga for residents, some equipment for resident activities	examples include things like lighting, sound, textures in a sensory room, sensory garden or sensory lighting, projectors	examples include things like interactive digital tables

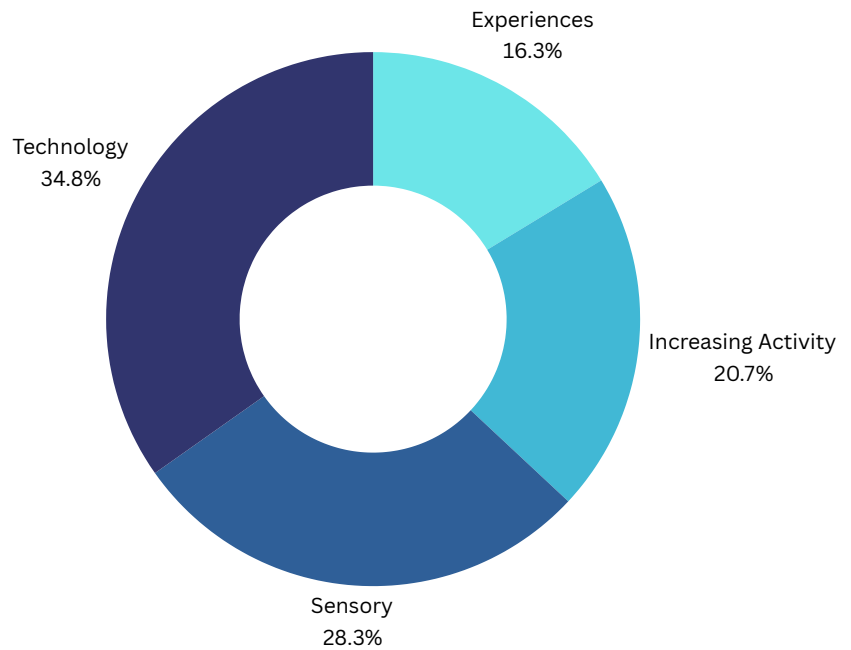
An options appraisal was circulated to the Care Homes on how the money would be allocated and the majority opted for a sliding scale as follows:

Size of Care Home	Fund Allocation
1-15 registered beds	£2,500
16 - 30 registered beds	£3,500
31 - 45 registered beds	£4,500
46+ registered beds	£5,500

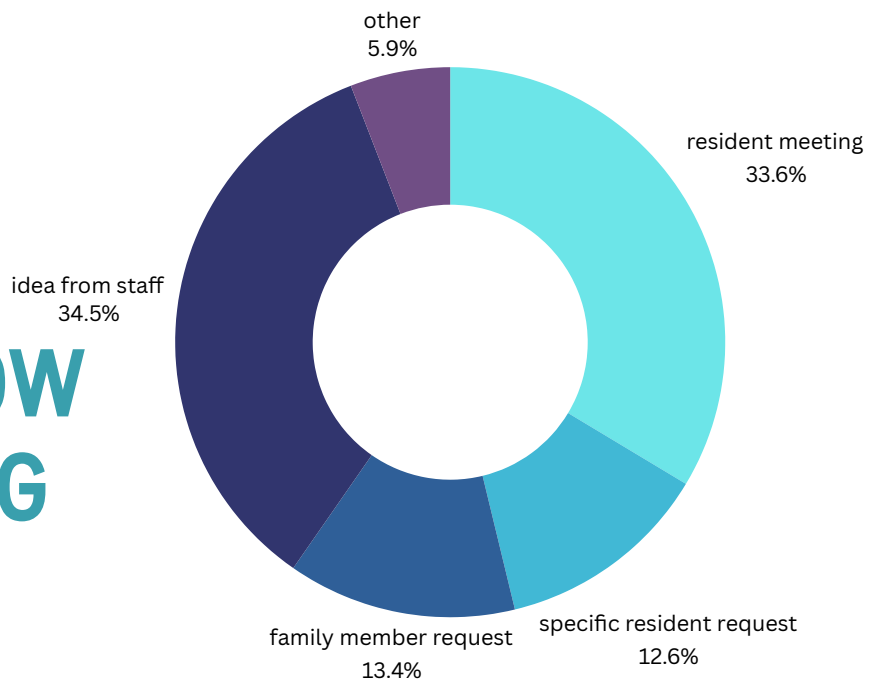
CARE HOMES THE FUNDING REACHED



HOW THE FUNDING WAS SPENT



WHO DECIDED HOW THE FUNDING WAS USED



ACTIVITIES

- Raised beds in garden to increase time and involvement outdoors and other accessible garden equipment
- Burns Gym subscription
- Electric assisted bikes

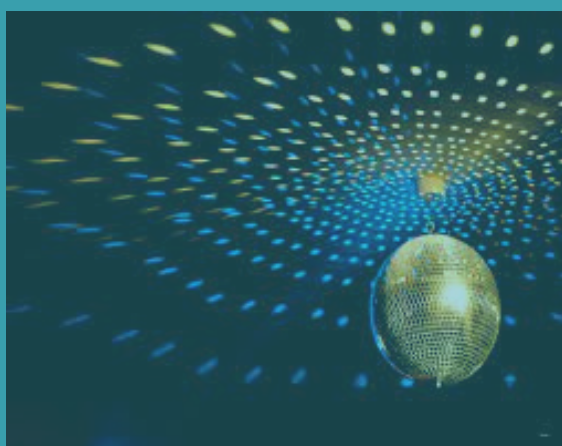
Games for physical activities including:

- ten pin bowling
- basket ball nets
- floor games
- garden games
- fishing equipment

TECHNOLOGY

24 opted for Interactive Tables of varying types and sizes as well as:

- Projector
- VR headsets
- Portal
- TV and sound bar
- Tablets
- Music system
- Dementia radio



EXPERIENCES

- Garden Parties
- Musical entertainment
- Karaoke equipment and subscriptions
- Incredible Egg - incubator kit
- Day trips
- Monthly resident trips
- Caravan holiday



SENSORY

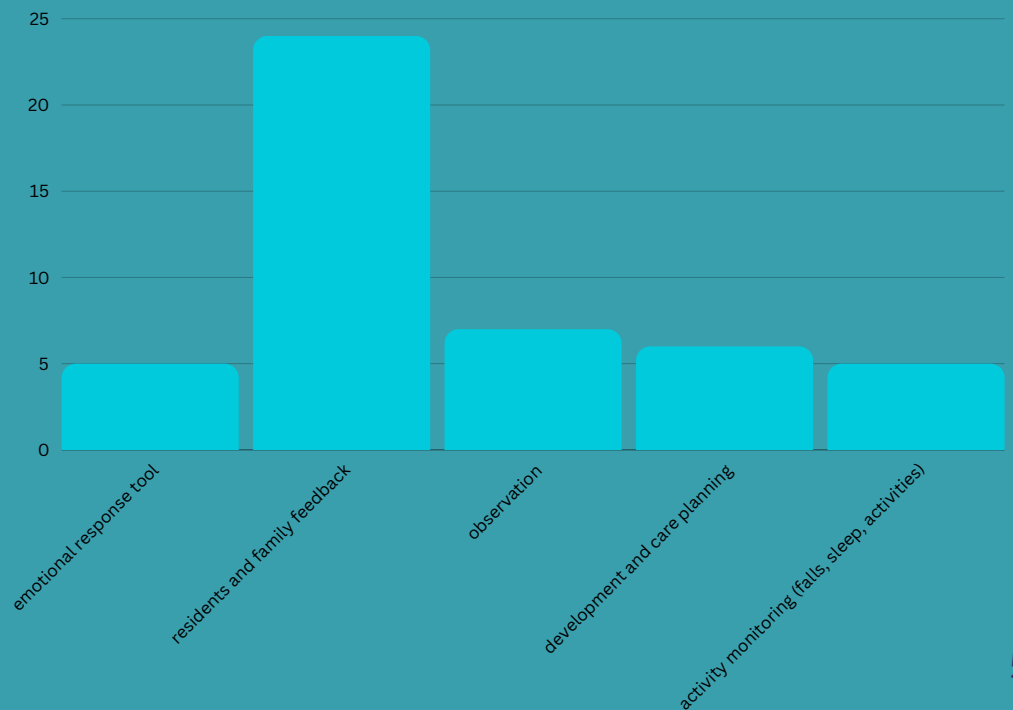
- Sensory tables
- Sensory Garden with lights and plants
- Sensory lighting
- Sensory boards
- Empathy dolls
- Dementia sensory items
- Creating a therapeutic / calming area
- Musical therapy equipment for indoors and outdoors

OUTCOMES

The range of both short and long term outcomes that the Care Homes highlighted for residents as a result of the funding

- Improved wellbeing
- Increased levels of happiness
- Increased sense of achievement
- Reduced isolation
- Improved communication with family and friends and staff
- Increased independence
- Increased community interaction
- Increased choice in activities
- Increased participation in activities
- Greater access to the outdoors
- Increased involvement in outdoor activities
- Reduction in distress in people with dementia
- Reduced anxiety
- Enhanced psychological wellbeing
- Increased cognitive stimulation
- Increased emotional regulation
- Increased connection and empathy
- Virtual experiences now available which were inaccessible physically
- Reduced risk of falls
- Improved sleep patterns
- Improved dexterity

EVIDENCE TOOL USED



WHAT THE RESIDENTS, FAMILY AND FRIENDS SAID:

excellent thank-you anticipation
 great amazing positive
 happy brilliant
 love-it enjoyable excited enthusiastic pleasure
 beneficial excitement lovely use diverse
 practical convenient wonderful
 healthy togetherness laughter easy fantastic
 interesting useful generous exciting
 convenient good thankful



WHAT THE STAFF AND OTHER PROFESSIONALS SAID:

helpful multi versatile multi-functional
 motivated worthwhile useful
 good functional fun thankful
 work lovely technology positivity person-centred
 innovative
 engaging amazing excellent meaningful
 brilliant great fantastic inclusive encouraging
 enthusiastic excited team appreciated
 participation positive
 happy-staff

THE IMPACT OF THE FUNDING ON THE RESIDENTS' EXPERIENCE

What the managers told us:

Residents have increased their learning and experiences

Residents have enjoyed being part of the planning process

It has allowed a much more fun and interactive approach to activities

Staff and residents are enjoying the activities

It has had a positive emotional impact on residents and staff

So many residents have engaged with the table

What the residents said:

"Its a game changer"

"Its a brilliant thing to have"

"These daily exercises keep the old bones moving, if you don't move it, you lose it"

"Love having trips out, reminds me when my husband was alive"

"You have given me my life back"

"This is the highlight of my week"

"I don't feel so lonely now"

"I'll sleep tonight - I hope we do this every week"

"Loved having the animals here"

"Oh my word, that is amazing"



CARE HOME COLLABORATIVE SUPPORT - NORTH HIGHLAND

MAXIMISING RESIDENT EXPERIENCE AND WELLBEING ACTIVITIES FUND REPORT

MARCH 2024



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