Healthcare Improvement Scotland

# Submission to the independent Review of Adult Social Care

28 September 2020

NHS SCOTLAND

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# 1. Introduction by Robbie Pearson: Chief Executive

This introduction forms part of our submission to the Independent Review of Adult Social Care.

As the Advisory Panel will be aware, Healthcare Improvement Scotland (HIS) exists to help ensure that the people of Scotland experience the best quality health and care services. We do this by drawing from a broad range of skills and experience in quality improvement, service redesign, assurance and scrutiny, community engagement, intelligence gathering and evidence-based knowledge and research. *The Scottish Improvement Journey: a nationwide approach to improvement*[1] describes our contribution in the context of the overall approach that the country has taken to building the capacity and capability to drive improvement in the quality of healthcare.

This submission seeks to reflect the breadth of our contribution and based on that areas that the independent review might focus on.

As the national improvement agency for healthcare, our role is to support the delivery of sustainable improvements in the quality of health and care. Ultimately, it is about improving the lived experience of everyone in Scotland, and ensuring a reliable system of health and care for everyone who comes into contact with it.

We are uniquely placed in being able to deliver a whole system approach, supporting improvements at the frontline of patient care all the way through to the leadership at the top of the system. Since 2016, our role has extended in the context of integration to include improvement support for the health and social care system.

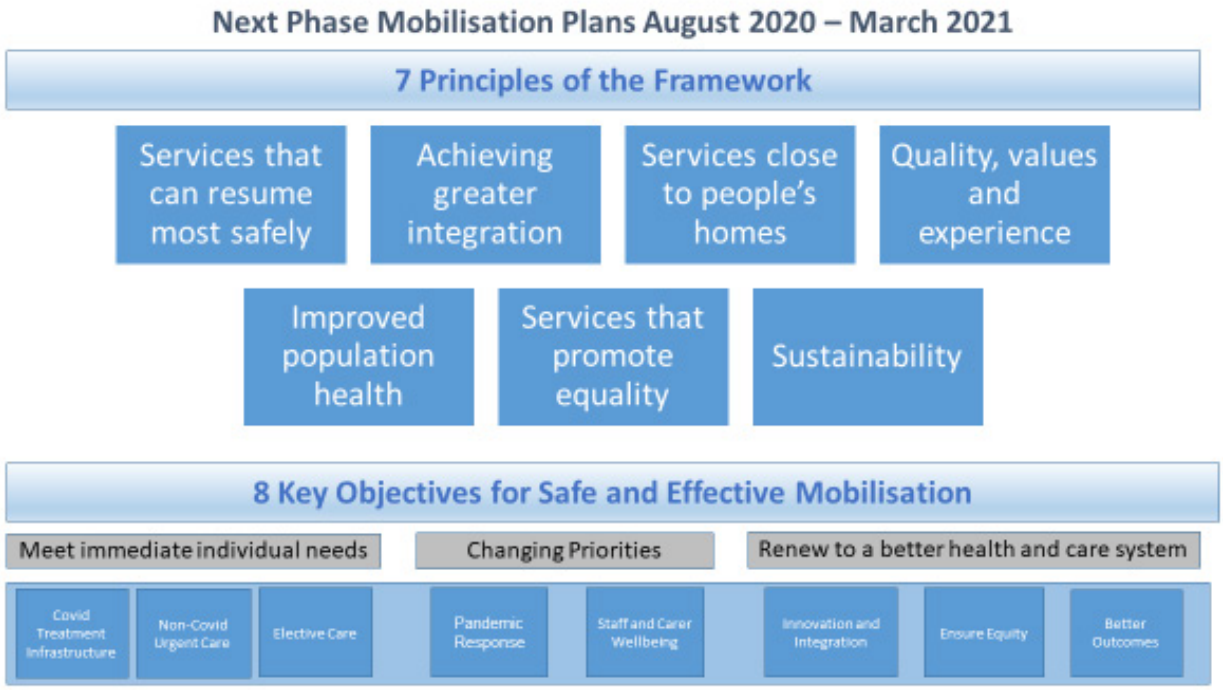
In doing this we work closely with Scottish Government and Public Health Scotland to develop a better understanding of the existing inequalities, including any key differences in access to and engagement with health and care services. We see these multi-partnership approaches which put people and communities at the centre as key to successful delivery.

[1] https://www.gov.scot/publications/scottish-improvement-journey-nationwide-approach-improvement-compiled-2016-17/

We aim to ensure all of our work is underpinned by a commitment to:

- Involve people using and delivering services as equal partners in the design and delivery of care;
- Implement a rights based approach;
- Seek to identify and reduce existing inequalities; and
- Minimise our impact on climate change, with a focus on sustainability.

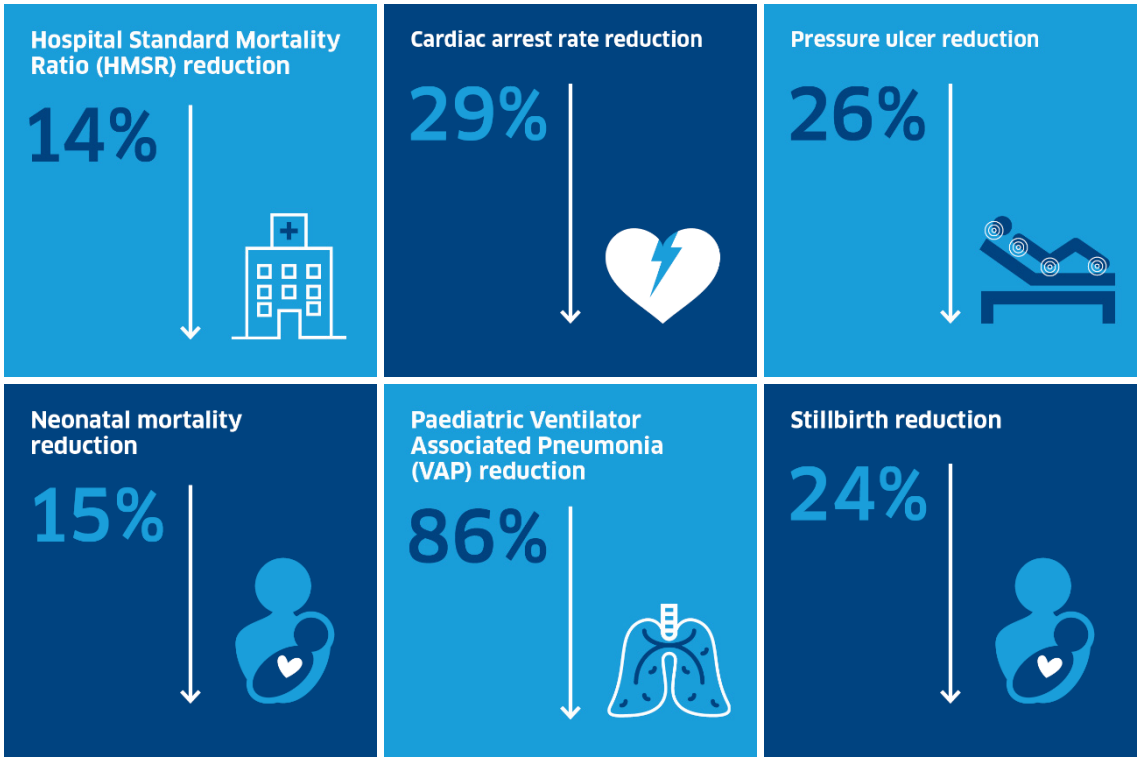
Our continued focus is on supporting integration, addressing inequalities through improved population health and supporting outcomes focused safe effective and sustainable care. The Scottish Government's framework upon which our mobilisation plan is based is set out below.




However, we are not a social care improvement organisation, nor are we the regulator of social care providers. Crucially, the added value of what we can do for social care has depended upon the close and positive working relationships we have developed with the Care Inspectorate and other national bodies to maximise the impact of the deployment of our wide-ranging expertise and skills.

Our profile and impact is often cited in relation to the Scottish Patient Safety Programme (SPSP). The first national and systematic approach to patient safety in the world. The Scottish Patient Safety Programme has grown to be a very significant success which reflects the committed determination and enthusiasm of the many who have worked hard to implement improvements in frontline health care, in order to reduce harm and mortality, by a relentless focus on doing the right thing each and every time.

The results have been impressive




However our work in safety goes well beyond the Scottish Patient Safety Programme.

Whether it be in tackling variation in the use of medicines, the monitoring and tools to support safe staffing, learning from adverse events, the development of guidance for the diagnosis and treatment of major priorities such as cancer and heart disease or in the external assurance of hospital care; we are focused, as an organisation, on supporting the wider implementation of good practice and reducing avoidable harms.

We recognise that there are also other ways to support the creation of a safer system of care.

We already know that evidence based clinical interventions in wards delivered consistently improve safety, but so does the right leadership, working environment and organisational culture. Indeed, we would argue the provision of safe care also fundamentally depends on a safe and supported health and social care workforce. This echoes the priority set out in the World Health Organisation's ambition to ensure we prioritise the safety and well-being of all those staff working in the health and social care system.

Comparable health systems across the world have different approaches to regulation, evidence and improvement, with functions generally dispersed across different bodies. In Healthcare Improvement Scotland there is a recognition of the significance of the blend of our responsibilities in supporting sustainable improvement in the quality of care – across evidence, public involvement, scrutiny and improvement support.

It is a model that reflects the nature, context and scale of the Scottish system, and reinforces the appropriate integration of the different components to effect continuous improvement. It is also a rare model, with very few single organisations, if any, in existence that combine the same range of functions and expertise that we provide.

The Nuffield Trust highlighted in its report in 2017 that "*Scotland's smaller size as a country supports a more personalised, less formal approach than in England. The Scottish NHS has also benefited from a continuous focus on quality improvement over many years. It uses a consistent, coherent method where better ways of working are tested on a small scale, quickly changed, and then rolled out. This is overseen by a single organisation [Healthcare Improvement Scotland] that both monitors the quality of care and also helps staff to improve it*."

In building on this, the Quality Management System is central to our approach. It brings together the components of quality planning, quality improvement and quality control, and ensuring that each are appropriately in balance. In other words, the nature of the problem requires different solutions for different situations and at different times.

Sometimes it may require an inspection to diagnose the extent of a challenge. On other occasions we may need to provide support to guide an organisation in tough times; where for example they may understand their difficulties but don't have the knowledge or skills to move forward. For others it might be about identifying that crucial piece of evidence to reinforce or redefine a way forward.

Every solution, to be the right fit, needs to be designed to a context. In Healthcare Improvement Scotland we are capable of building a flexible response to meet needs that allows us to deploy skills and expertise in the right way.

The external response should also be guided by an understanding of the will, knowledge, skills and capacity of organisations in their pursuit of improvements. In growing the Quality Management System as an organisation – and as a country – there can be a more effective and sustainable response by marshalling the right response for the situation. It also allows us to 'hold the gains' that have been made in major initiatives such as the Scottish Patient Safety Programme.

### Improving the system of health and social care

We know that the system of health and social care in Scotland can continue to be improved. It is also increasingly apparent that quality assurance and improvement of health care and social care cannot be completely compartmentalised. There has been a growing recognition of the inter-dependencies and mutual support required across a complex system of care. We believe this is one of the clear lessons of the COVID-19 pandemic.

We believe that steps toward this improvement can be made through:

- developing  a widely shared understanding of what 'good care looks like';
- ensuring services are co-designed and co-produced with the individuals who use them and their support networks with everything we do underpinned by a human rights based approach;
- strengthening the focus on work to reduce inequalities in health and wellbeing outcomes
- continuing to build a connected system of care;
- an appropriate focus on ensuring effective care processes that are delivered reliably and consistently and as part of this, continuing to build the quality improvement capacity and capability across health and social care;
- supporting a strong evidence base for different care models;
- strengthening the shared and collective leadership for assurance and improvement; and
- having appropriate external oversight of pathways of care that span the NHS and adult social care.

This submission captures some of the breadth, diversity and scale of activity across Healthcare Improvement Scotland, together with those areas of work which are undertaken in collaboration with the Care Inspectorate. We have also identified areas where there can be scope for even stronger collaboration in supporting the provision of high quality care.

Healthcare Improvement Scotland looks forward to contributing further as the review progresses.

**Robbie Pearson**

**Chief Executive**
**Healthcare Improvement Scotland**

# 2. Background

Healthcare Improvement Scotland was established in 2011 with a duty to improve the quality of health and care, including quality assurance, supporting the engagement of people and communities, improvement support and the provision of evidence (including advice, standards and guidelines).

We work by a set of principles which underpins our approach meaning that at all times we will prioritise the safety and welfare of persons, and the promotion of good practice.

Appendix 1 sets out our legislative background.

As described in our Remobilisation Plan (August 2020), our work is focused around **seven key delivery areas** which support national priorities:

- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

In defining the key delivery areas, Healthcare Improvement Scotland is using the Quality Management System approach, which considers the most appropriate intervention for a system at that point in time.

Healthcare Improvement Scotland delivers a number of **core and statutory functions** in relation to assuring and improving the quality of services, as follows:

Inspections of NHS hospitals to provide assurance of both safety and cleanliness (HAI) and the quality of care.

Regulation of independent healthcare services, including independent hospitals, voluntary hospices, private psychiatric hospitals and independent clinics.

With the Care Inspectorate, strategic joint inspections of adult services; in response to COVID-19 we have been supporting the Care Inspectorate with regulation of care homes, including surveillance/responding to notifications and care home inspections.

With the Care Inspectorate, Education Scotland and HMICS, joint inspection of children's services.

Ensuring and monitoring patient focus and public involvement activities relating to health services, through *Healthcare Improvement Scotland – Community Engagement.*

Other inspection activity relating to: Ionising Radiation (Medical Exposure) Regulations IR(ME)R and prisoner healthcare (with HMIPS).

Through the Death Certification Review Service, reviewing the accuracy of death certificates.

Ensuring that concerns shared with us about safety or quality of care are assessed and there is a prompt, proportionate, co-ordinated and effective response across the organisation.

Monitoring patterns across a set of indicators of the quality of care at whole system level with the Sharing Intelligence for Health & Care Group, to generate intelligence about the quality of care in any NHS board area.

Undertaking our role in relation to notifications of Sudden and Unexpected Death in Infancy (SUDI).

Supporting work in key medicines and pharmacy areas including controlled drugs and essential regulation and review activities.

Quality assurance to support the enactment of the Health and Care (Staffing) (Scotland) Act (monitoring function and support for quality of care reviews).

Providing practical support for redesign and continuous improvement of health and care services.

Healthcare Improvement Scotland's remit, to date, in relation to adult social care is largely in the following areas:

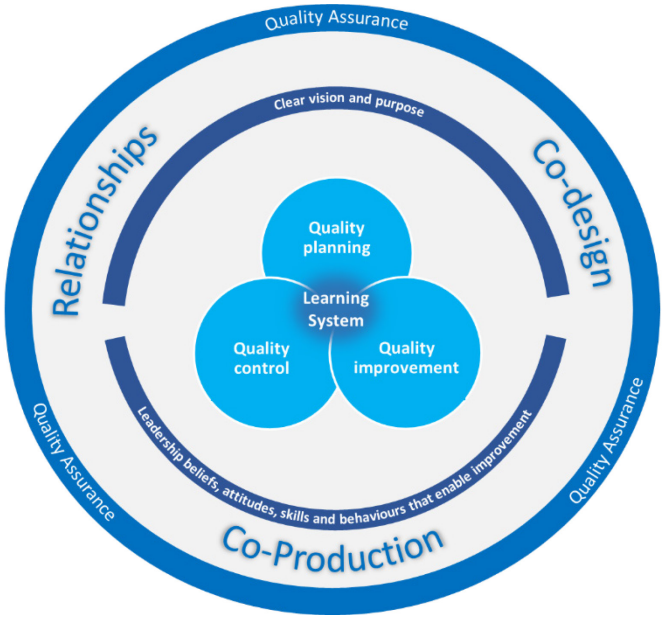
- joint inspections of health and care services (with the Care Inspectorate),
- the community engagement directorate's work to support NHS Boards and Integration Authorities to engage meaningfully with people and communities in the design and delivery of health and care services; and
- the provision by the ihub of bespoke support for NHS boards and health and social care partnerships to undertake robust and effective strategic planning and supporting the development of community focused commissioning and spread of community led models of care co-ordination. We also have a wide range of improvement support programmes working across integrated health and social care services.

More recently, our role has extended to provide expertise and clinical advice to the Care Inspectorate in relation to their regulation of care homes, with a particular focus on infection prevention and control.

# 3. Our Quality Management System (QMS) approach

Our Quality Management System is a common framework for quality management across health and social care. It supports a co-ordinated and consistent approach to managing the quality of what we do across our health and care system, with the ultimate aim of delivering better population health and wellbeing, better care experience, better value and better staff experience.

It brings together the components of quality planning, quality improvement and quality control, and ensuring that each are appropriately in balance, **because there is not a single or straight forward answer to sustainable improvement**. We are increasingly using this framework within Healthcare Improvement Scotland for the planning and delivery of our work, ensuring that we deploy the most appropriate combination of our functions to best meet the challenges faced by the service.




This approach is illustrated by current work with key partners to develop a refreshed safety strategy. We are in a strong position of being able to lead this vision through:

- Our ability to understand high level themes for safety identified through the combination of evidence, assurance and improvement activity undertaken;
- Supporting services to create the conditions in which safe care can be delivered;
- Our capability to work across the health and care system at every level to support continuous improvement and, where required, redesign;
- Building a learning system that supports the rapid scale up and spread of good practice.

One of the safety priorities we have identified in our Remobilisation Plan is to work with the Care Inspectorate, Health Protection Scotland and NHS Education for Scotland to apply the Quality Management System approach to develop and implement a programme of national support to enable effective prevention and control of infection across care homes and care at home

Similarly we are developing a single Healthcare Improvement Scotland strategy for supporting improvements in the care of older people by using the Quality Management System approach. This includes our responsibilities in relation to inspections of healthcare services for older people and support for care home inspections. The Quality Management System approach will ensure that we use our expertise to diagnose, plan, improve, assure, engage and learn when setting out the work plan to underpin the strategy. Much of this work will require to be developed and delivered in partnership with other national and local stakeholders.

**The importance of sharing intelligence**

Sharing intelligence at the right time is vital to identify and address emerging problems and is core to our approach. Within Healthcare Improvement Scotland our approach ensures that colleagues from across the organisation come together and the 'take home messages' about the quality of healthcare from all our functions are shared and understood.

**A cohesive approach to sharing and acting upon intelligence**

As part of our conversation about another NHS board, our quality assurance team reported that there was recently an inspection of the care of older people – and that the findings from this were mixed, with pressure ulcer risk assessments in particular not being routinely carried out. In addition, the NHS board is not following up on the key findings as quickly as expected. In the same area a joint inspection of adult services highlighted issues with access to care home and care at home services. Our quality improvement team explained that this NHS board is carrying out work on pressure ulcers, but their use of data and application of care bundles needed improvement. Healthcare Improvement Scotland's community engagement directorate also highlighted that there was significant service change planned in relation to services for older people; that the public involvement in Healthcare Improvement Scotland was less than would be expected and leadership of the wider system was highlighted as an issue in our sharing intelligence work. Taking the blend of this knowledge together, the colleagues from our different functions in Healthcare Improvement Scotland posed some questions about how the leadership of the board is responding and the capacity for improvement. Healthcare Improvement Scotland, therefore, engaged with the NHS board in question to make them aware of this collated information and to enquire about their views on this. The board requested assistance to improve as a result Healthcare Improvement Scotland. Nursing and ihub leads provided input to support the local system improve care and improve commissioning. Close contact between the improvement and assurance teams in Healthcare Improvement Scotland, with our partner agencies and the NHS Board was maintained and as a result outcomes improved evidenced on a subsequent inspection.

# 4. Assuring the quality of health and social care

### Measuring progress through joint inspections of the strategic planning and commissioning of adult services

We have developed a programme to measure progress in the strategic planning and commissioning of adult services with the Care Inspectorate. We also work on joint children's service inspections with the Care Inspectorate, Police Scotland and the education sector.

This programme has been a critical step in building a greater understanding of the progress of integration in supporting better outcomes. The last report from the programme of inspection focusing on strategic planning and commissioning was published in August 2020. We have completed eight of these between 2017 and 2020.

A new methodology in response to the Ministerial Strategic Group (MSG) for health and community care proposals (Feb 2019) (greater focus on outcomes, more balance across health and social care) was under development and approaching a testing phase when it was largely suspended in March 2020 in response to COVID-19. Joint development work with the Care Inspectorate continues. This includes some scoping activity to work through a proportionate approach to restarting inspection activity with the new outcomes focused joint inspection methodology and ensuring more balance across health and social care within that.

### Ensuring the protection of those most at risk by joint inspection of adult support and protection (ASP) (phase 1)

The joint, thematic inspection of Adult Support and Protection (ASP) in six local partnership areas in 2018 indicated good progress since the commencement of the Act and positive outcomes for most adults at risk of harm in the local partnerships inspected. Three of the local partnerships, however, were assessed as adequate or weak in some areas. This raised concerns about the overall consistency and assurance of ASP across Scotland.

This finding, alongside all of the improvement work already underway, provided the impetus for the development of the current ASP Improvement Plan 2019-2022 of which this work is part. The Care Inspectorate is the lead agency working alongside Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. The plan is for scrutiny of the remaining 26 ASP partnerships over 24 months. Inspections are focusing on ASP key procedures and leadership of ASP. Current inspection activity is paused in response to COVID-19.

## External quality assurance

Healthcare Improvement Scotland provides external quality assurance, which offers objective assessments to health and care services about how they are performing in vital areas which can impact on patient care. This helps services to understand where they are doing well, and where they need to make improvements.

By publishing our findings, the public can also be assured that health and care services are being independently assessed, and that there is openness and transparency about where improvement is needed.

The Healthcare Improvement Scotland approach to quality assurance (Healthcare Improvement Scotland: Quality Assurance) has three key components:

1. A set of five **guiding principles** which underpin all of our quality assurance work:
   i) **user-focused** – we put people who use services at the heart of our approach
   ii) **transparent and mutually supportive, yet independent** – we promote and support a complementary approach to robust self-evaluation for improvement with independent validation, challenge and intervention as required
   iii) **intelligence-led and risk-based** – we take a proportionate approach to inspection and review which is informed by intelligence and robust self-evaluation
   iv) **integrated and co-ordinated** – we draw on the collective participation of relevant scrutiny bodies and other partners to share intelligence and minimise duplication of effort, and
   v) **improvement-focused** – we support continuous and sustained quality improvement through our quality assurance work.

2. A **Quality Framework** which is aligned to a tried-and-tested model (The EFQM Model) commonly used in the public sector across Europe, which Healthcare Improvement Scotland has adapted specifically for health and care services

3. **Inspection and review programmes** which span a broad range of health and care services.

Of course our assurance work goes beyond hospital services and while we lead in assurance of healthcare through inspection and review of NHS and regulation of independent healthcare we also work across sectors with the Care Inspectorate in our joint inspection programme, Her Majesty's Inspector of Prisons in our joint inspections of prisons and with a broad group of regulators and inspectorates to share intelligence of the system.

Our evidence function provides world leading reviews, standards and guidelines, and assessment of medicines, technologies and healthcare interventions.

We also have statutory duties in assuring public involvement in the design, development and delivery of services. It is this combination of functions which makes us unique.

This approach to delivery of Healthcare Improvement Scotland: Quality Assurance aims to ensure that we operate consistently across the NHS and care services that we inspect and review, as well as independent healthcare providers such as clinics and private hospitals and hospices.

Between April 2019 and March 2020 we have continued to deliver a broad programme of **inspections**, as follows:

- Healthcare Environment Inspectorate: 10 (covering 25 hospitals)
- Older People in Acute Hospitals (OPAH): 7
- Joint inspection of Children's Services (with the Care Inspectorate): 4
- Joint Inspection of Adult Services: (with the Care Inspectorate): 3 (plus 1 progress against recommendations review completed)
- Prisoner Healthcare (Healthcare Improvement Scotland provides health input to Her Majesty's Inspectorate of
  Prisons inspections): 4 (plus 1 follow up)
- Registration and Regulation of Independent Healthcare: 158 (146 independent clinics; 12 hospitals/hospices/psychiatric hospitals)

These include responses to requests from the Cabinet Secretary to carry out three inspections, of the Queen Elizabeth University Hospital, the Department of Clinical Neurosciences and the Sick Children's Hospital in Edinburgh. In addition an inspection has also taken place as a result of concerns raised through our Responding to Concerns process. Included in our independent healthcare regulatory function is the regulation of hospices and independent mental health inpatient units both of which interface closely with adult social care.

In terms of the overall scale of our work, from April 2012 to February 2020, we carried out **90 OPAH inspections** - 19 Announced and 71 Unannounced. Of the 90 OPAH inspections - 79 were full inspections and 11 were follow-up inspections (based on findings from the initial inspections). In total, we published 84* OPAH inspection reports which resulted in - 1006 Areas for Improvement and 362 Areas of Good Practice

** some follow-up inspection findings were added to the initial inspection reports (so 1 overall inspection report was published instead of 2 separate reports)*

Further details of how we undertake our inspections and reviews are included as an appendix.

### Supporting improvements in the infection prevention and control in care homes

In May 2020, in response to the COVID-19 pandemic, the Scottish Government asked the Care Inspectorate to work with Healthcare Improvement Scotland in securing the necessary infection prevention and control expertise to scrutinise this priority area in care homes. The Care Inspectorate is the lead agency for these inspections with Healthcare Improvement Scotland inspectors bringing expertise in relation to infection prevention and control (IPC) to the joint inspection teams. Since then Healthcare Improvement Scotland had contributed to over 100 joint inspections of care homes. Healthcare Improvement Scotland is currently contributing to a maximum
of ten inspections per week (about half of the total carried out weekly). We are now in a position to start to identify recurrent themes relating to IPC in care home settings. We are also continually reviewing and refining the process and methodology as we go.

We also developed indicators for these inspections with the Care Inspectorate, based on the Infection Control in Adult Care Homes Final Standards (Scottish Executive 2005). Our Evidence Directorate is currently working on the development of updated Healthcare Associated Infection standards recognising the potential future application in care home settings.

### Assuring quality in our community engagement work

Revised statutory guidance is currently being developed by the Scottish Government and COSLA on local community engagement and participation which will apply across health and social care bodies. In tandem with the development of this guidance, Healthcare Improvement Scotland's Community Engagement Directorate and the Care Inspectorate have been considering how to deliver our community engagement duties across health and social care services in line with current practices, and in a way that complements the guidance and support consistency.

We intend to develop a quality framework and associated self-evaluation tool for community engagement, aligned to the Healthcare Improvement Scotland: Quality Assurance approach. A stakeholder advisory group which includes representatives from Scottish Government, COSLA, NHS Boards, Integration Authorities, Audit Scotland, Public Health, the Scottish Community Development Centre and the Alliance has been formed to help inform the development of this work.

# 5. Improving the care experience

We know that the system of health and social care in Scotland can continue to be improved. It is also increasingly apparent that quality assurance and improvement of health care and social care cannot be completely compartmentalised. There has been a growing recognition of the inter-dependencies and mutual support required across a complex system of care. We believe this is one of the clear lessons of the COVID-19 pandemic.

Healthcare Improvement Scotland plays a critical role in supporting person-centred, evidence informed and intelligence led redesign and the continuous improvement of health and care services. Building on over a decade of experience in supporting the spread of innovation and good practice through the application of quality improvement methodologies, over recent years we have extended our practical implementation support to one which now blends service design, strategic commissioning and quality improvement approaches to enable more radical person-centred redesign.

Engagement with stakeholders is a part of how we gather intelligence and develop our understanding of the challenges facing policy makers and delivery organisations. Our Strategic Stakeholder Advisory Group (SSAG) which draws in expertise from across the health and social care policy-making and delivery landscape meets several times a year to focus on specific priority areas.

At the end of 2019, the group met to focus on our work in the care of older people and discussed a number of themes which impact on health and wellbeing outcomes, to help direct the work across our organisation. These can be summarised as:

- Segregation/siloed thinking/fragmented care;
- Size and complexity of task;
- Changing mindsets/cultural attitudes;
- Creating a greater focus on prevention and early intervention;
- Better involvement of older people with services designed to meet their needs;
- Implementing shared decision making;
- Delivering better support for carers;
- Range, suitability and quality of housing provision;
- Redesigning the workforce so we have sufficient people with the right skills available to provide care;
- Making best use of technology;
- Need to build greater capacity and capability for improvement;
- Not enough service provision to meet current demand let alone growing demand;

- Redesigning services at the same time as delivering services in a context where demand outstrips supply; and
- Reducing inequalities.

**As an evidence informed organisation**, our work includes a strong focus on understanding what is working and sharing that knowledge across Scotland. For example our analysis to understand how East Ayrshire Health and Social Care Partnership managed to reduce both the numbers and lengths of delayed discharges, including consistently meeting the national zero target for delayed discharge re-enforces that "how" change is implemented can be as important as "what" is changed.

East Ayrshire's success was enabled by their whole system approach driven by strong consistent and caring leadership at all levels in the organisation, and with a relentless focus on person-centred outcomes, is central to the overall success.

More information is available in our report - https://ihub.scot/improvement-programmes/evidence-and-evaluation-for-improvement/summaries-of-evaluation-work/case-study-about-reducing-delayed-discharge-from-hospital/

## 5.1 Applying our learning and experience to the care home sector

In relation to quality assurance, most recently our role has extended to provide expertise and clinical advice to the Care Inspectorate in relation to their regulation of care homes, with a particular focus on infection prevention and control.

However in response to COVID-19 we have also deployed our evidence, improvement and community engagement expertise in a number of ways, including:

- support for the roll out of **Near Me** in Care Homes, sharing learning from the Primary Care national roll out of Near Me;
- supporting the rapid development of a **Virtual Visiting** programme in Care Homes and other settings;
- providing a series of webinars to enable the sharing of learning around **Primary Care support into Care Homes** as well as development of **Hospital at Home** services and **Enhanced Care** services;
- providing workforce planning and professional support to the Scottish Government during the COVID-19 period, which has led to the development of a range of resources including the safety huddle template for care homes and staffing templates to facilitate effective real-time workforce planning;

- participating in a national short life task group to provide a national advisory function in relation to care and protection in care homes;
- Providing support to Nurse Directors in establishing their care assurance and support roles in the care home sector.

We are continuing to engage with the Care Inspectorate in relation to our mutually supportive roles across Primary Care and care homes. Areas of alignment include supporting Care Navigation and Pharmacy First, use of Near Me, aligning learning opportunities and process improvements identified as part of the Care Inspectorate's approach to winter planning.

Consideration is also being given to the use of Excellence in Care (a national quality management approach for Nursing and Midwifery) to develop clinical quality measures for care homes to support clinical oversight, support and improvement (as per Nurse Directors extended responsibilities).

We have also been working with the Care Inspectorate to consider how Healthcare Improvement Scotland's' learning from the experience of implementing the existing Adverse Events Framework could support learning from events in care homes for older people, identifying any implications and options for taking this forward. Though the initial focus of this work is on care homes, it is likely to have implications for wider social care services.

Crucially, all these examples reflect a strong commitment to play to different strengths, skills and knowledge in relation to our organisation and in supporting other partners such as the Care Inspectorate.

## 5.2 Making a difference to the care experience

From various strands of our work across health and social care we have obtained a breadth of evidence which creates a picture of the health and social care services currently delivered to older people. Among the issues we would highlight, the following in particular are worth mentioning.

- COVID-19 has a large impact on the ability of health and social care services to provide the type of **person-centred care** we should all expect. The ihub and community engagement directorate established a person-centred care (compassionate communication) learning system to support sharing new and innovative practices which overcame the barriers to providing compassionate person-centred care during the pandemic. This work generated a wealth of insights with over 70 examples of innovation and new person-centred approaches on the ihub website along with 5 insight pieces from published literature.

- When looking at **community based services**, the ihub and community engagement directorate worked closely with the Care Inspectorate and Scottish Social Services Council to synthesise and share insights. We also co-hosted a workshop. This work highlighted a need for more support for culture change and collaboration to ensure person-centred approaches are used in shaping remobilisation plans and that innovations in person-centred practice continue moving forward. Information on this is provided in our flash report: https://ihub.scot/media/7285/200723-flash-report-pcc-workshop-hsc-v20.pdf
- **Care at Home** provision is efficient and increasingly focused on supporting those with the highest need, and older people generally describe the care they receive as being of good quality. However, recruiting and retaining Care at Home staff is a challenge and variations in services across different areas in Scotland need to be addressed.

  Sharing expertise, tools and examples of good practice, in areas such as **frailty management and dementia care**, is being promoted across Scotland, through local and national networks.

**Our Living Well with Frailty** work initially started by working with a number of areas to design and test improvements in identifying and supporting individuals who are frail. It included working with ISD to develop an electronic frailty index which enables GPs to identify which of their patients are frail. We also worked with prototyping sites to develop effective responses for individuals with mild, moderate and severe frailty.

A range of practical implementation resources were produced (https://ihub.scot/improvement-programmes/living-well-in-communities/people-with-frailty/). This included the development of a **Frailty and Falls Assessment and Intervention Tool**. This is now used by practitioners in a number of health and social care settings to support people with frailty by assessing a number of key criteria including frailty and falls, social circumstances, mental health, environment, nutrition, dizziness or blackout, medication, mobility and balance, continence, and vision and hearing.

This tool can be used within health and social care and the third sector to:

- support the identification of interventions that meet individual needs

- help signpost people with frailty and their carers to the right care and support within the local community

- provide a framework for keyworker or clinical assessment, case review or analysis of interventions, to support wellbeing.

The lessons learned from phase one informed the development of a **national frailty collaborative** that was launched in September 2019 with participation from nineteen health and social care partnerships. The focus was on identifying people at risk of frailty

and then developing multi-disciplinary responses to delivering effective care for those identified, including having anticipatory care planning conversations. The MDTs involved GPs, community health, social care and (often) third sector and were being supported to case find and then proactively support people with frailty in the community to reduce demand on unscheduled care. A key lesson from the prototyping work was the vital role of social care and third sector organisations as part of the MDT.

The aim of the collaborative was that by November 2020 it would

- reduce the rate of hospital bed days per 1,000 population for people aged 65 and over by 10%,
- reduce the rate of unscheduled GP home visits per 1,000 population for people aged 65 and over by 10%, and
- increase the percentage baseline of Key Information Summaries (KIS) for people living with frailty by 20%

Prior to COVID-19, teams in the collaborative had reported that on average 15% of those living with mild frailty, 30% with moderate frailty, and 52% of those living with severe frailty had a KIS.

Unfortunately this work has had to be placed on hold due to the impact of COVID-19 and is unlikely to be reinitiated until 2021. In the interim we will implement a national learning system to enable services across Scotland to continue to share and learn together about what is enabling effective care and treatment of individuals with frailty within the current challenging context.

Our work on frailty has also included a focus on Acute Hospitals and in August 2019 phase one of the **Frailty at the Front Door Collaborative** concluded. The Collaborative aimed to improve outcomes and experiences of people living with frailty who present to unscheduled care services and examples of the impact across the five participating boards include:

- Increased discharge of people over 75 years within 48 hours in 2 sites
- 20,600 people were screened for frailty*
- 1000 Comprehensive Geriatric Assessment huddles*
- Decreased length of stay in 2 sites, and
- Increased number of specialist beds including 2 new frailty units

**estimated from available data*

Phase two of this work was launched in September 2019 with four new hospital teams and included a platform for ongoing shared learning between the phase one and phase two teams. Unfortunately this collaborative was placed on hold due to COVID-19 and is unlikely to be reinitiated until 2021.

During July and August 2020, we engaged with a range of stakeholders to understand the current priorities for support. They asked for the frailty work to be more integrated across interfaces and for us to create more opportunities for teams to share and learn together, particularly in relation to the current context of having to rapidly adapt services in response to COVID-19. In response to stakeholder feedback, we are putting in place a national learning system to provide opportunities for staff across health and social care to share and learn together about how to rapidly adapt frailty pathways. We are also exploring what a whole-system improvement offer for frailty might look like when we initiate the wider work in 2021.

- Scotland is the only country in the world to guarantee one year of **post-diagnostic support** for people with dementia but the quality of this support must be made consistent, right across Scotland. Pilot schemes are currently exploring the advantages of delivering this support through local GP practices rather than specialist sites.

**Focus on Dementia** has been working with three GP clusters across Scotland to test the relocation, or closer alignment, of post-diagnostic support (PDS) into primary care. This work involves 27 GP practices and to date, over 100 people have benefited from this support with the test sites seeing improvements including a 47% increase in update of PDS in one site, and reduced waiting times for PDS in some cases from 12 months to 3 months. The clusters are continuing to innovate, collect statistics and capture feedback ahead of planned work with external evaluators to fully capture and report on the impact of relocating post-diagnostic support.

- **Anticipatory Care Planning** encourages all roles across the health and social care system to speak to people about what's important to them and preferences for their future care needs. This information is shared between teams, most commonly through the development of a Key Information Summary (KIS) which is made available by GPs to other people ad services looking after the patient. For example, out of hours services, Scottish Ambulance Service or NHS24 may use the KIS to gain information about people they are in contact with.

  Since the launch of the national Anticipatory Care Planning (ACP) toolkit in 2017 we have distributed over 100,000 toolkit packs to a variety of services and settings across social care, and the ACP toolkit web page is the most accessed ihub resource with over 23,600 webpage views over the last two years.

Both our work pre COVID-19 and our response to the pandemic included a focus on increasing the number of KISs and the quality of ACP information therein to ensure to ensure those responding to individuals in an emergency have access to information on their wishes. These efforts have contributed to an increase in the percentage of people in the population rising from 5% in February 2020 (253,213) to 22% in May 2020 (1,186,894).

ACPs are a good example of how health and social care professionals can strengthen the voice of the individual in the decision about what care is shared decision-making, people are encouraged to express their preferences and identify what matters to them most. By shaping care around those wishes, professionals can build the personalised approach to care that is championed through Adult Social Care Reform.
Recognising this, Healthcare Improvement Scotland, in partnership with the Scottish Government, has developed an anticipatory care planning toolkit, which includes guidance for health and social care professionals as well as tools and resources – such as My Anticipatory Care Plan and the ACP App – for individuals, their carers and their families.

- The **Reducing Pressure Ulcers in Care Homes** improvement programme was established in May 2016 as a joint initiative between the Scottish Patient Safety Programme, Scottish Care and the Care Inspectorate, aiming to reduce pressure ulcers in care homes in particular. A culture of improvement continues to develop in care homes with care homes across Scotland making sure they are doing all they can to reduce pressure ulcers. The original programme ran from May 2016 until December 2017. To date a 26% reduction in pressure ulcers in care homes has been achieved through this approach.

**Our Hospital at Home** (H@H) programme seeks to maximise the effectiveness of multidisciplinary working between health and social care roles so that people receive safe, person centred and effective acute care in their home.

Working with our Clinical Leads and National Professional Lead for Social Services we are supporting health and social care partnerships to maximise the role social care plays in ensuring that people requiring acute care are able to remain in their home whilst accessing hospital level assessment and treatment.

In Jan 2020 we produced a document which brings together and reviews the published evidence on the effectiveness and safety of Hospital at Home initiatives for older people with frailty and shares learning from existing services across Scotland. It is intended to assist in local and regional planning for acute and specialist services to support people, who would ordinarily require admission to acute hospital, to receive treatment at their home.

https://ihub.scot/media/6928/2020205-hospital-at-home-guiding-principles.pdf

Our contribution to raising the profile of H@H services has seen interest grow from the original three NHS boards with a H@H model to six additional NHS board or HSCP areas. We are now providing practical implementation support to these areas to enable effective implementation of H@H services at pace and are underpinning this with a national learning system which is providing an infrastructure for the sharing of knowledge and experience on H@H to support early adopters to implement and raise awareness with other Boards and HSCPs.

- Recognising the critical role technology will play in the future of Health and Social Care, we work closely with the Technology enabled care team, combining digital, Scottish Approach to Service Design and QI to support new community models. Through our housing work, we are supporting digital and service innovations in the housing sector to support people to have their health and social are closer to their communities and out of institutions. Our work on the **Technology Enabled Care (TEC)** Pathfinders Programme was presented at the Digital Health and Care Conference (20-21 Nov 2019), with senior leaders from four pathfinder sites presenting their work. This focused on how the pathfinder sites have used the Scottish Approach to Service Design to explore problem spaces in their local areas and how it will be used to identify and develop solutions with people for end-to-end services across whole systems. This work covers areas as diverse as frailty (Midlothian), aging (Irvine Valley), abuse (Aberdeen City) and breathlessness (Highland).

It is well recorded that people face health inequalities and more challenges in older age. The impact of this was exacerbated during the pandemic and our knowledge prior to COVID-19 remains relevant as demographic changes are leading to an increase in people aged over 65.

## 5.3 Supporting the delivery of the Adult Social Care Reform Programme

We have a range of redesign and improvement programmes which support Adult Social Care Reform. Some of these, such as our unpaid carers work, are specifically focused on supporting the principles within ASCR. Others work more broadly across health and social care in recognition that the social care reform elements need to be embedded within a wider approach to the development of integrated health and care services.

### Health and Social Care Partnership (HSCP) Learning System

Commissioned in April 2020 by Scottish Government, the HSCP learning system was established to understand **how the health and social care system in Scotland responded to COVID-19 and to identify key learning for the future**.

Working in collaboration across a range of national partners including the Care Inspectorate, Scottish Social Work Council, Social Work Scotland, the Improvement Service and the Coalition of Care and Support Providers, our learning system reached over 400 people in our live webinars and many more through the following publications:

- development of 25 insight studies;
- 14 “insights into” publications;
- bespoke webinars with attendants across health, social care, housing and community-based organisations;
- 3 opinion pieces;
- 1 podcast; and
- overarching summary document

This provided a wealth of learning about new effective practices during the pandemic and supported decision-making around the remobilisation of Healthcare Improvement Scotland’s improvement and redesign support. Our Learning system identified three key common themes that were critical to enabling an effective and adaptable response to the challenges:

- **trusting relationships** both **between** organisations and **within** organisations
- **role of community organisations** which can respond quickly to local needs and enable communities to do for themselves

- **technology enabled services** which, in addition to reducing infection risks, enabled more frequent light touch check-ins.

Importantly, the report noted that the COVID-19 pandemic revealed the scale of inequality and put a spotlight on how the health and social system, and social structures more widely, can reinforce these inequalities. Aside from the uneven impact of COVID-19 itself, we have seen uneven impacts of public health measures design to stop the spread of the virus.

It is vital going forward that all work to redesign and reform health and care services includes a strong focus on addressing inequalities. This means alongside using the data and evidence on inequality, working with people to understand their experiences is vital, especially when inequality often crosses multiple disadvantages. As services change, involving communities and individuals in how those service are designed and delivered must be at the heart of COVID-19 recovery plans.

These themes played out repeatedly as being critical to an effective response to COVID-19 and they have a strong resonance with the seven adult social care reform principles. The individual case studies (https://ihub.scot/media/7352/health-and-social-care-learning-system-findings-and-insights.pdf) provide practical examples of health and social care services, even under significant pressure, continuing to innovate in line with the reform principles.

To ensure the involvement of adults who have experience of services we worked with the People Led Policy Panel who helped ensure our communication remained inclusive.

**The Community Led Support (CLS)** programme was supported by Healthcare Improvement Scotland with the National Development Team for Inclusion as delivery partner. Part of a UK wide initiative it worked with nine HSCPs with a focus on developing stronger community partnerships and efficient and effective ways of working that put the person at the heart of their care and support

Those areas in Scotland that have embraced this approach are demonstrating how, when public bodies and other partners work together in a concerted way around a shared vision and values to effect change, processes become more efficient and local solutions can be developed that work in the interest of people and of communities.

A full report on the Scotland wide impact is available:

https://www.ndti.org.uk/uploads/files/CLS_Paper_5_CLS_in_Scotland_MAY_2020.pdf

In terms of cost effectiveness / economic impact, a study exploring the implementation and impact of CLS in Scottish Borders shows that people are seen and experience support quicker than before CLS. This results in better outcomes for them and a better use of local and public service resources, as the following analysis illustrates:

- 800 people used What Matters Hubs in 2018/19 and were offered a mix of Third Sector, community and statutory support;
- new, short What Matters assessments now make up over 2 out of every 5 social work assessments, with the proportion of full social work assessments continuing to fall;
- the average number of people on the waiting list for a full assessment fell from 421 in 2016/17 to 261 in 2018/19; and the average waiting time fell from 11.5 days in 2016/17 to 7.9 days in 2018/19; and
- people using Self-Directed Support (SDS) increased from 1,320 in March 2017 to 1,817 in March 2019. Over 360 of these use a Direct Payment with or without another option.

### Case study of impact in Scottish Borders HSCP:

https://www.ndti.org.uk/resources/publications/paper-6b-lessons-from-implementing-cls-in-scottish-borders/

#### Neighbourhood care

At the request of Scottish Government, we also supported five organisations in Scotland to test the adaptation of the Buurtzorg model into the Scottish context. We published an evaluation report that brings together learning from local evaluation reports, case study evaluations and local stories and intelligence.

The neighbourhood care model was primarily implemented through the development of locally based neighbourhood care teams, typically comprising health and social care staff.

In many areas, multidisciplinary team (MDT) huddles were an important operational element of the approach. Staff reported that this supported them to deliver person-centred care through better care co-ordination and flexibility of care delivery to meet complex needs.

The approach also helped build relationships with people to enable them to make informed decisions about their care and promote self-management and a preventative approach to care by linking people to existing community resources.

*"When Mr X, who suffered from alcohol dependency, began to receive support from the neighbourhood care team, it quickly became clear that he was struggling to find purpose in his life, leaving motivation levels low to start a detox. He previously had a detox programs costing approximately £28,000 and had high use of hospital and general practice resources.*

> *He was socially isolated and estranged from family and friends. His common interest in music with the care worker, part of the neighbourhood care team, was established and regular support visits were used to play music together. This sparked for Mr X to start his detox and six months on he was still sober. Mr X and the care worker would discuss lyrics, short stories and poems, putting piano and guitar tracks to them. Mr X would express his gratitude at every support visit, 'If it wasn't for these support visits I don't know where I would be right now."*

Staff reported a number of challenges relating to the implementation of neighbourhood care principles and the development of new models within complex health and social care settings. These included difficulties for teams becoming self-organising and difficulties for professionals to work out with traditional boundaries. Other reported challenges were the lack of supporting systems, infrastructures and resources, bureaucracy, workforce sustainability issues, complexity of caseload and expectations.

The full report is available: https://ihub.scot/improvement-programmes/evidence-and-evaluation-for-improvement/summaries-of-evaluation-work/learning-fro-neighbourhood-care-test-sites-in-scotland/

Drawing on our learning from the Community Led Support work, the Neighbourhood Care work and the insights from the HSCP Learning System over COVID-19 we are now developing a **Community Solutions National Learning Programme** which will help to foster the conditions for flexible, trust-based partnership working across rural and urban areas and to identify and address the barriers to support innovation across Scotland.

Delivered in partnership with the Care Inspectorate, SSSC and other national organisations, learning will be iterative and will focus on learning from challenges and set-backs as well as successes. We will deliver online workshops, develop case studies and a journey map that will set out approaches that partnerships and community based organisations can adapt and apply in their local contexts.

In addition to the Community Solutions National Learning Programme we are also **about to launch our new Models for Day Services for People with Learning Disabilities Collaborative**. In response to direct requests from HSCPs highlighting the challenges being experienced right now with the restrictions on building based services, we will be working with up to five HSCPs between October 2020 to March 2021 to provide practical support for the redesign of day support for adults with learning disability to best meet the needs of individuals and their families/carers. The collaborative will draw on service design, commissioning, strategic planning, engagement, quality improvement and community-led approaches and expertise.

**In recognition of the importance of Unpaid Carers** we have also committed to undertaking a critical analysis of all our redesign and improvement programmes to ensure that the identification of and support for unpaid carers during COVID-19 remobilisation is addressed.

**Influencing provision of choice in respite care.** The new Promoting Variety guide is a result of a year-long Think Tank – hosted by Shared Care Scotland and Healthcare Improvement Scotland – as a response to representatives from health and social care partnerships (HSCPs) and carer organisations around the country reporting challenges with:

- determining how to meet existing and future demand for short breaks;
- reconciling traditional commissioning models with the principles of self-directed support; and
- meeting the promise of greater choice and control for carers and service users.

The full report is available: *https://ihub.scot/news/new-guide-to-commissioning-short-breaks-for-carers/*

**Our Place, Home and Housing Portfolio** supports improvements to strategic planning and housing services to provide people with a home environment that supports greater independence and improved health and well-being. Examples of our work include:

**Housing and Dementia Practice Framework:** Working with CIH Scotland and Alzheimer Scotland we developed the Housing and Dementia Practice Framework. The Framework is a practical tool which has been built to assist housing organisations to capture and improve by self-assessment what they are doing to support people living with dementia and their carers.

**Adapting for Change:** Housing adaptations make a vital contribution to supporting older people and disabled people to live safely, comfortably and independently at home. As well as being a key preventative measure in helping to reduce the number of emergency hospital admissions due to falls and other accidents, timely interventions can also support smooth hospital discharge, avoid unnecessary house moves and enable people to remain at home in their community. Our work on 'Adapting for Change' includes:

- practice examples, showcasing how Adapting for Change delivered improvements across five demonstration sites;
- training in the identification of housing solutions and the assessment and provision of housing adaptations, developed for use by local Health and Social Care Partnerships, housing partners and third sector agencies; and
- other useful information/reports, including links to key publications, an external evaluation and guidance on responsibilities and funding for adaptations.

Across the COVID-19, lockdown period we spoke to over 20 partner organisations across housing, homeless services and community-based providers to understand their responses to the virus. This active research allowed us to take stock understanding how we build back better and in the context of adult social care reform consider the role of housing and homelessness services. Providers and strategic leads shared their reflections and insights on the impact of COVID-19, there were key themes;

- trusted relationships in delivery were key;
- role of 3rd sector in supporting people was crucial;
- social isolation and loneliness was evident and significant;
- existing inequalities were exacerbated;
- digital delivery of services worked, but not for all;
- restrictions relating to funding and commissioning are a barrier to delivering truly person-centred care;
- inclusive approaches included taking services to people;
- involvement of frontline organisations and people with lived experience is critical to redesign; and
- some felt left behind and out of the loop by NHS system response to COVID-19.

It is these themes that have informed the remobilisation of our Place, Home and Housing work which is now focusing on:

- **Healthcare Access in Homelessness Programme.** Supports the health and care system alongside housing and homelessness organisations to design and deliver inclusive and accessible health services for all, keeping interventions local and exploring challenges in our new digital context. This programme will build the first national network of health and housing practitioners, in partnership with people with lived experience, to develop local responses to rapid rehousing that sits within the Ending Homelessness Together Strategy.
- **Housing and Healthcare Programme**: This programme will explore the role of technology enabled care in promoting good health and wellbeing as part of the Digital Citizen work at Scottish Government. It will deliver bespoke support to the Scottish commission on learning disability to reduce out of area placements recognising the importance of choice and control for people who are in hospital for long periods of time. This programme ultimately aims to build good practice in the development of housing contribution statements within HSCP's strategic plans in order to solidify the role of housing in the delivery of health services at home.

- **Shelter Scotland Personal Housing Programme**: we will be providing bespoke improvement support to prototype a Scottish model for personal housing planning that considers the wider health and social care needs of homeless families to prevent homelessness by improving tenancy sustainment and supporting levels of attendance across specialist health services and reduce demand on acute services in recognition of the data released by ISD.

## 5.4 Strategic planning support

The Strategic Planning Portfolio was established in Healthcare Improvement Scotland in 2017 with the aim of supporting health and social care organisations to understand complex health and social care systems in their totality to support decision-making about how resources can be best used to meet population need. Over the last three years the Portfolio has focused on providing bespoke support to individual Health and Social Care Partnerships and to a more limited extent, some work with NHS boards and has received over 70 requests for bespoke strategic planning support. This has ranged from providing one-to-one 'critical-friend' advice through coaching conversations with leaders through to convening multidisciplinary teams to support large-scale transformation through a series of interventions (including facilitating workshops, supporting use of data and intelligence to understand whole-systems, providing expert advice and coaching support). Examples of the impact of this work are noted below:

### Falkirk HSCP: Palliative and end of life care service mapping

Falkirk HSCP approached the Strategic Planning Portfolio in mid-2019 for support to review and reimagine palliative and end of life care services within the HSCP. We facilitated a series of interactions with local leads and stakeholders from across the system to map out the current system, reflect on key data such as service user experience and performance reports, and begin to identify opportunities for development and improvement of the service.

Quote from Sandra Campbell, Palliative and End of Life Care Lead, NHS Forth Valley

*"On behalf of the Clinical Leads and Falkirk HSCP, I would like to say a huge thank you for the support from Healthcare Improvement Scotland (Strategic Planning Portfolio) at our mapping event yesterday. It was a real success and the methods used by your team were excellent....Thank you again for support with our pathway mapping work. We are delighted with how this will inform service development in palliative and end of life care."*

### South Ayrshire HSCP: Older Peoples Service Redesign

South Ayrshire HSCP approached the Strategic Planning in early 2019 for support to review services for Older People, with a view to developing a transformation strategy for the

service. While it was recognised that the HSCP was in a challenging financial situation and faced a unique demographic challenges, there was an identified need to fully understand the extent of these challenges, an overall picture of what the system looks like, and opportunities for redesign. The Strategic Planning Portfolio worked with local leads to design and deliver a series of sessions with service managers and key stakeholders to explore these areas in more detail, with the outputs of these sessions forming the basis of the transformation strategy developed by the HSCP later in 2019.

More information is contained in our impact report - https://ihub.scot/media/6876/south-ayrshire-hscp-transforming-older-people-services-impact-story.pdf

We have recently agreed that our approach will be adapted to move away from the provision of bespoke support to individual health and social care organisations to address individualised challenges depending on local context. Instead we will develop a national, once for Scotland approach whereby solutions are prototyped and tested with the aim of developing generalizable learning which is shared Scotland-wide. Our focus will be two fold, an improving good practice in strategic planning programme and a new strategic planning and redesign collaborative.

Our **Improving Good Practice in Strategic Planning Programme** will have three components:

- **Gathering and sharing learning** – insights and examples of good practice will continue to be gathered, synthesised and shared as part of the continuing learning system work outlined above.
- **Prototyping and learning networks** – time-bound national networks will be convened to explore specific strategic planning problems, prototype and test solutions, share learning and experience, and develop defined deliverables.
- **Bespoke prototyping** – bespoke support will continue to be provided but only where the support actively connects to, and supports delivery of, wider improvement/transformation work. A condition of the support will be that the identified solution is prototyped with the aim of sharing learning from the supported organisation more widely with the health and social care system Scotland-wide.

Our **Strategic Planning and Redesign Collaborative** will combine expertise across a range of Healthcare Improvement Scotland programmes. We will focus on working with a number of health and social care organisations to explore a common problem (using national level data, evidence, approaches and tools alongside opportunities to share best practice, experience and learning) and then prototype and test potential solutions in local systems. Engagement is currently underway with NHS Directors of Planning, IJB Chief Officers and Scottish Government to finalise agreement on the topic area, which is likely to be around the mental health system.

## 5.5 Community engagement

The Citizen's panel is one of a range of ways in which our Community Engagement Directorate (formerly the Scottish Health Council) supports the engagement of people and communities in shaping health and care services in Scotland.

We have established a Citizens' Panel which serves as one way that health and social care services in Scotland can listen to the views of the Scottish public. The Panel currently comprises 1,150 members from across all 32 local authorities, 31 Integration Authorities and 14 health boards.

The first and second panel reports have covered social care issues including social care support and views on what social care services are doing well or could be doing better. Reports from the Citizens' Panel are published on the Scottish Health Council's website.

Community engagement underpins all of our work programmes. We believe that people and communities should have opportunities and support to use their skills and experience to design and improve the health and care services that matter to them. In addition, they should have the opportunity to work together with the organisations that provide those services.

With an engagement office in each NHS Board area, our local presence and national reach enables us to collaborate with a wide range of individuals, groups and organisations to gather evidence and share best engagement practice across Scotland.

We work in a variety of ways to support, ensure and monitor community engagement activities across NHS Boards and Integration Authorities. Our teams provide training and support for people and communities to enable them to engage with staff, NHS Boards and Integration Authorities. We also provide strategic advice, guidance and support to NHS Boards and Integration Authorities to enable them to improve how they engage and involve people in the design and delivery of their services and we carry out independent quality assurance if community engagement activities in certain circumstances, for example where the Cabinet Secretary for Health and Wellbeing views a proposed change to a health service as major.

Our Community Engagement Directorate also supports colleagues across Healthcare Improvement Scotland to engage and involve people and communities in our work programmes and ensure all voices are heard.

Equality, diversity and human rights approaches are embedded in all our work and we use a range of research methodologies and approaches to ensure our work is underpinned by the latest evidence available and informed by the people of Scotland.

### Engaging Differently – Case Study

Meaningful engagement involves engaging people affected by a particular policy, event or change and ensuring people of all backgrounds can take part and have their voice heard and acted upon. But how do we meaningfully engage in the current situation?

Measures to control the COVID-19 pandemic, including lockdown restrictions, have created a challenge for traditional ways of engaging with people. To address this challenge Healthcare Improvement Scotland – Community Engagement has created an online resource where advice can be found on how to engage with communities when it can't be carried out face to face.

The resource explains that engaging differently doesn't automatically mean carrying out engagement online, sometimes it can be repurposing existing methods and the resources help bring this advice to life.

The online resource has been created at: hisengage.scot/engaging-differently where advice, resources, toolkits, helpful hints, tips and case studies can be found, over time the amount of resources will grow as we are calling on people to share their examples of where they've engaged with their communities differently.

## 5.6 Better co-ordination of national support for improvement across health and social care

Since January 2020, Healthcare Improvement Scotland has been facilitating a monthly co-ordination huddle between key national organisations delivering support to enable Integration Joint Boards/Health and Social Care Partnerships to improve services and outcomes.

In addition to Healthcare Improvement Scotland, core membership includes the Care Inspectorate, The Improvement Service, NSS and Public Health Scotland. All organisations have consistently attended and contributed. Attendance is also opened up to COSLA lead, members of Scottish Government Integration Division and the chair of the IJB Cos.

The initial aim of the huddle calls was to provide a forum to rapidly share key developments with the aim of **enabling better co-ordination and alignment of national improvement programmes.** This monthly huddle call is now complemented by a Knowledge Hub site which is facilitating further sharing of key documents and information between national organisations (and is facilitated through the Improvement Service) and enabling practical connections to be made between programmes.

All core organisations have highlighted how this approach is building understanding and trust between the national organisations and they have recently agreed to build on the work to date by:

a) Coming together to share key learning from COVID-19

b) Mapping out across the different organisations the improvement support available to the health and social care system with the aim of further developing an aligned and co-ordinated approach across the national organisations.

This later issue is critical going forward. We know that having a strong methodology supports change and over the last couple of years we have been working closely to look at how we embed the Scottish Approach to Service Design into our work. We have worked closely with the Scottish Government's Office of the Chief Designer and with Nesta, a UK wide innovation agency. This brings the lived experience of people who need services and those who provide support to the heart of the work, focusing on creating a person led view of the problem and solutions. We jointly host with the Scottish Government's Office of Chief Designer the Health and Social Care Community of Practice on Service Design.

In our work to support redesign of services, we also advocate the use of improvement science. In particular we have found that the Model for Improvement is an approach that enables effective implementation of changes within complex settings where it is vital to assess the impact of a change and then adjust it in light of the local experience. Our multi-disciplinary team approach to subject matter and technical skills brings social work staff, clinical staff, commissioners, service design and quality improvers together with people with lived experience to innovate and embed change though our programmes of work.

In our experience, blending service design and quality improvement methodologies together provides a practical framework for designing and then effectively implementing changes which lead to sustainable improvement. However, using quality improvement methods to support effective implementation of change is not well embedded in the social care sector and this is an area we are keen to do further work on, alongside key colleagues in national social care organisations.

# 6. What next?

Our opening point was that there are many more ways in which the quality of social care can continue on its improvement journey.

For example, over the next 6 months, our Collaborative Communities team are taking forward two key pieces of work which are enabling Health and Social Care Partnerships to both better cope within covid-19 restrictions and ensure that 'What Matters' to individuals is the primary driving force underpinning the design and delivery of care services.

1) We are creating a collaborative with five HSCPs to design a model of day support away from institutions, giving people with learning disabilities choice and control in how they spend their days. It will also enable unpaid carers to improve the experience of their time away from their caring role. We will underpin this work with a national learning system that enables us to spread learning across Scotland at pace.

2) Community based care and support – We are also working alongside the Care Inspectorate, Scottish Social Services Council and Outside the Box in responding to the call from Chief Officers of HSCPs for new models of community based care and support that recognise the essential role that community based groups have played in keeping people safe and well during covid-19. This work will use tools such as the H&SC Standards Pledge and flexible learning through SSSC to provide the structure in which community organisations can work alongside formal care services.

The learning from this work and the common themes and barriers identified will be useful to inform future policy and legislative developments.

As was evidenced in our support to spread and learn from community care coordination models such as the Neighbourhood Care and NDTi's Community led Support model, we will continue to support health and social care to develop community empowered models of care, which enable a more preventative approach and make better use of existing community assets.

In line with our Quality Management System approach, we will also continue to focus on creating the conditions that ensure leadership at all levels build trusting collaborative relationships across sectors and with people in communities.

We will continue to develop and support implementation of practical approaches which support a reduction in inequalities, including equality impact assessments for service change and supporting the application of the Scottish Approach to Service Design along with person centred QI practice.

With a focus on safety, the Scottish Patient Safety Programme is working with the Care Inspectorate (and Scottish Care/ SSC amongst others) to co design the 2020 Essentials of Safe Care as outlined in the SG's Programme for Government 2020/21.

These essentials will **provide evidence based guidance** for the safe delivery of care in all health and care settings. The overarching proposed themes, highlighted by stakeholders focus on communication, person-centred care, leadership and culture and process (operational and clinical).

Four design groups aligned to these themes have been working to develop a practical set of tools and resources to support services in the delivery of safe care for every person within every system every time.

## Conclusion

This submission captures some of the breadth, diversity and scale of activity across Healthcare Improvement Scotland, together with those areas of work which are undertaken in collaboration with the Care Inspectorate and other key national social care organisations. We have also identified areas where there can be scope for even stronger collaboration in supporting the provision of high quality care.

The work echoes the commitment set out in the Scottish Government's, *A Fairer Scotland for Older People* with an emphasis on reframing 'our thinking about older people, to move from what can be a negative, problem-focused perspective to a positive and cohesive recognition of older people as a vital part of Scotland's potential for success and improvement in the 21st century'.

We are embedding in all our work, a commitment to equality and promoting citizen voice. We are particularly aware of the impact of COVID-19 and the systems response on people with a disability, individuals with a BAME heritage and those facing disadvantages such as poor housing or experiencing homelessness. We recognise the need for collaboration with a range of organisations is paramount.

A core and growing aspect of our work is framing our response through the lens of the Quality Management System approach. This is helping us to bring the right response to the problem, and ensure an alignment of priorities across the organisation to address the key quality issues in our health and care system.

However, we are not complacent and there is a need to build on these foundations. Our learning points to the opportunity for:

- Even stronger collaboration within the health and social care system to recognise the **growing acuity and complexity** of the healthcare needs for older adults, especially in care homes. This emphasises the requirement for robust infection prevention and control, clear pathways and underpinned by appropriate standards.

- Building on the positive collaboration between the Care Inspectorate and Healthcare Improvement Scotland in **developing external and internal systems of care assurance** with care providers.
- Healthcare Improvement Scotland to both **support improvements in safe staffing and assurance and support stronger connections between health and social care sectors** locally and nationally.
- Clear, agreed and shared **methods for improvement**, in a complex landscape, with clarity about how the different partners work together to measure, implement and spread positive change, which reflect Scotland's Improvement Journey.
- Embedding **person-centred practice** into pathway redesign, including strong and meaningful engagement with people who need services and their carers.
- Supporting the use of the **health and care standards**, which promote a human rights based approach, including a voluntary pledge for non-regulated community services.
- Even stronger **approach to supporting the system as a whole,** as opposed to elements of it in isolation.
- Further strengthening of the **sharing of knowledge and intelligence** between Healthcare Improvement Scotland, the Care Inspectorate, Mental Welfare Commission and other agencies to ensure that there is concerted, cohesive and coherent action to support improvement. As part of this, continuing to work across national organisations providing improvement support to ensure a more connected and coherent offer to the health and social care system.

Healthcare Improvement Scotland looks forward to contributing further to the review over the coming months.

# Appendix 1

**Legislative context**

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| Public Services Reform (Scotland) Act 2010 | Healthcare Improvement Scotland (HIS) established in 2011 as a health body with a national remit, taking on the functions previously undertaken by NHS QIS and functions relating to the regulation of independent healthcare services, previously undertaken by the Care Commission.<br><br>It has the following statutory duties:<br>• a general duty of furthering improvement in the quality of health care<br>• a duty to provide information to the public about the availability and quality of services provided under the health service<br>• when requested by the Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the health service functions of HIS.<br><br>The Act also sets out that HIS has a duty of co-operation with other scrutiny bodies including the Care Inspectorate. |
| Public Bodies (Joint Working) (Scotland) Act 2014 | Provision to extend HIS' ability to inspect health services to 'any service' for a number of purposes, including:<br>• the extent to which services are complying with integration delivery principles and contributing to achieving national health and wellbeing outcomes<br>• encouraging improvement in the extent to which strategic plans comply with integration delivery principles and contribute to achieving national health and wellbeing outcomes<br><br>Provision for HIS and the Care Inspectorate to jointly conduct inspections in relation to integrated health and social care services.<br><br>Provision also for the conduct of joint inspection with other bodies including Her Majesty's Chief Inspector of Prisons, Education Scotland and the Mental Welfare Commission. |
| Health and Care (Staffing) Scotland Act 2019 | Sets out responsibilities for HIS in supporting implementation, ongoing development and monitoring of safe staffing within health, mirroring the responsibilities of the Care Inspectorate which are on the face of the bill. |
| Coronavirus (Scotland) (No.2) Act 2020 | Provision for Scottish Ministers to appoint a nominated officer from Healthcare Improvement Scotland to take over the running of a care home service for up to twelve months, which could be extended by six months if required. |

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| | The powers are all related to Covid-19 and can only be used in a situation where coronavirus is a factor in the failure of service. The powers will be available for the duration of the Act, which is presently due to last for 6 months. |

# Appendix 2

**HIS inspections and reviews**

This approach to delivery of HIS: Quality Assurance aims to ensure that we operate consistently across the NHS and care services that we inspect and review, as well as independent healthcare providers such as clinics and private hospitals and hospices.

**How do we decide what service requires an inspection or review?**

We do not routinely inspect or review all health and care services across Scotland. Such an approach would be a huge burden on services, as well as an unnecessary use of resources – especially for areas that evidence shows are performing well.

Our inspection and review programmes can be:

- Planned - commissioned by the Scottish Government and/or set out in policy and legislation to address specific national priorities e.g. hospital inspections, regulation of independent healthcare, cancer services
- Responsive - carried out in response to concerns about particular services, or as a result of analysis of data and intelligence, which raises questions about the quality of care being provided.

Monitoring evidence and data from a wide variety of sources (including patient experience) is vital to determining which areas require an inspection or review, and also in determining how best to focus our efforts during an inspection or review.

We also support health and care services to evaluate their own systems and data so that they are better able to identify which areas may require interventions and improvements – this self-evaluation by service providers is also assessed by Healthcare Improvement Scotland, alongside other sources of evidence.

Having evaluated all of this data and information and determined that an inspection or review is required, it is vital that the scale and scope is appropriate to the potential risk of harm to people.

**Speaking the same language**

It is vital that health and care providers and HIS both have a shared understanding of what quality care looks like and how it is defined – this way, health and care services understand where their focus on improvement and evaluation should be at all times. Moreover, they better understand the inspection or review process, what it is evaluating and why.

Our Quality Framework aims to provide this shared understanding. The framework includes nine areas of focus (which we call domains) and suggested aspects for services to consider as part of their work to improve the quality of care:

1. Key organisational outcomes
2. Impact on people experiencing care, service users, carers and families
3. Impact on staff
4. Impact on community
5. Safe, effective and person-centred care delivery
6. Policies, planning and governance
7. Workforce management and support
8. Partnerships and resources
9. Quality improvement-focused leadership.

By understanding these areas of focus, health and care services can see what matters to HIS in evaluating evidence and data, and in carrying out our inspections and reviews. This shared understanding is the cornerstone for addressing issues and making improvements.

It is unlikely that HIS would consider all 9 of these areas of focus in any inspection or review. The areas that HIS would look at would depend on the particular circumstances, and on an analysis of relevant data and intelligence.

**Refining our approach**

It is appropriate that HIS reflects critically on its own approach to quality assurance, in the same way as we expect it from those services delivering care. In 2019/20, we undertook the latest review of our approach, and took account of feedback we had received from stakeholders. We identified key areas where we will continue to improve how we inspect and review. These areas include:

- Strengthening how we use and gather data and intelligence
- Supporting health and care services to evaluate themselves more effectively
- Continuing to draw on the findings of other quality assurance bodies to ensure we have a robust and comprehensive perspective
- Developing our approach to identifying and sharing the learning from our inspections and reviews in order to further support service improvements across Scotland.

**Who carries out the inspections and reviews?**

It is vital to us that those carrying out our inspections and reviews are highly competent, have the right skills and experience, and also the right qualities as people. Our work benefits from having staff that are:

- Committed to improving care for patients
- Focussed on ensuring care is safe
- Focused on improving care to make it even safer
- Skilled, experienced and knowledgeable
- Compassionate
- Effective in how they communicate.

**What types of inspections and reviews do Healthcare Improvement Scotland carry out?**

We can inspect or review any aspect of a health and care service, either locally or nationally, using the process that we determine to be appropriate to address the issue. Our range of current inspections and reviews include the following:

- Hospital inspections – safety and cleanliness of hospitals, hospital care of older people
- Joint inspections of health and care services, delivered with the Care Inspectorate
- Regulation of independent healthcare, (independent hospitals, private psychiatric hospitals, independent hospices and independent clinics)
- Prisoner healthcare inspections
- Reviewing and learning from adverse events
- Responding to concerns from NHS whistle-blowers
- National Hub for Reviewing and Learning from the Deaths of Children and Young People
- Responsive inspections and reviews – carried out where concerns about services require to be fully assessed
- Death Certification Review Service.

For more information about these, and our other work programmes, see:
http://www.healthcareimprovementscotland.org/scrutiny.aspx

# Appendix 3

**Position statement**

**How Healthcare Improvement Scotland will support the objectives of the Adult Social Care Reform programme**

**Purpose**

This position statement sets out how Healthcare Improvement Scotland (HIS) will support the delivery of the Adult Social Care Reform Programme.

This statement identifies specific actions aligned to the core Adult Social Care Reform Programme priorities and each of the associated work streams. This includes how HIS will promote the value, purpose and contribution of social care across our own organisation and through the delivery of our functions.

**Background**

Social care supports people to live independently and enables them to participate and contribute to society and promotes their dignity and human rights. The delivery of sustainable, high quality social care support, is critical to ensuring that people receive the care that they need at the right time and in the right place within the health and social care systems.

The Cabinet Secretary for Health and Sport has identified the reform of adult social care, alongside the reform of primary care, as being critical to the delivery of integrated, person-centred care and support and increasing the pace of integration.

The aim of HIS is to drive better quality health and social care for everyone in Scotland. As such, HIS is well placed, with the knowledge, skills and expertise to continue to support the delivery of improvement activities that include delivering on the objectives of the reform of adult social care.

**Social Care Support programme**

*Social Care Support: An investment in Scotland's people, society, and economy* was launched by the Cabinet Secretary for Health and Sport in June 2019 to deliver on the reform of adult social care. This will be delivered through a programme made up of the following work streams:

- purpose and value of social care support and self-directed approaches;
- consistent experience and expectations;
- models of care and support;
- workforce conditions and skills;
- investment in care and support;
- commissioning and procurement; and
- communities, care and support.

The Adult Social Care Reform Programme and supporting work streams are underpinned by national data and evidence on adult social care, and how this is used to plan and make decisions at both

national and local levels. The critical role of unpaid carers across health and social care system is fully recognised and is integral to the Adult Social Care Reform Programme and will be addressed in every work stream.

Figure 1 shows the key elements of the shared vision for adult social care support and the seven programme work streams:

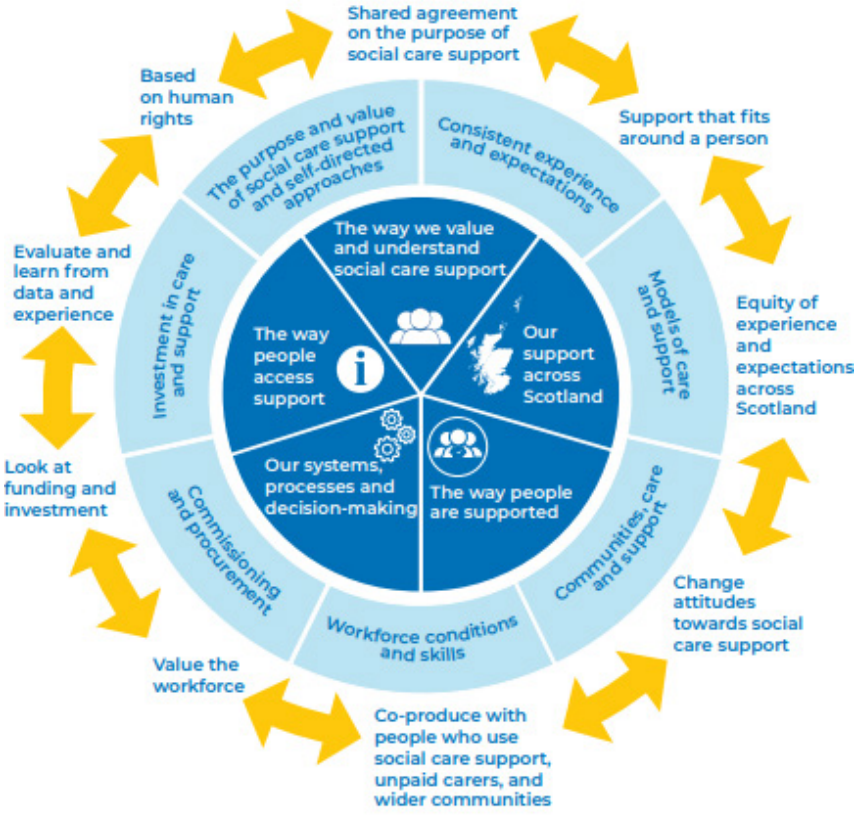


**Figure 1: Social Care Support: An investment in Scotland's people, society, and economy key elements**

### How we will support the aims of the Adult Social Care Reform Programme

HIS will continue to support the aims of the reform programme by:

- having a key role in the reform programme's leadership group, delivery group and work streams;
- communicating the vision and purpose of the reform programme across our organisation, and externally, including with senior leaders in health and social care;
- promoting the understanding of the critical role of unpaid carers across the health and social care system across our organisation, and championing this publicly;
- collaborating with other national bodies to further the aims of the programme;
- identifying opportunities to be inclusive of the social care sector across all of our work programmes; and
- strengthening the accessibility of professional social services advice within and across our organisation.

Tables 1 to 7 below, outline how delivery of each of the seven reform programme work streams will be supported by and contributed to through the work of HIS.

Table 1: support to the purpose and value of social care support and self-directed approaches work stream

| The purpose and value of social care support and self-directed approaches | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning, this work stream will focus on:<br>• a public conversation about what social care support is there for and its value to the economy and society<br>• training and knowledge sharing across the public sector about the purpose and value of social care support, and<br>• leadership and champions for adult social care support at local and national level. | Strengthen and increase the knowledge and understanding of our staff about the:<br>• purpose and value of social care support<br>• wider social services sector, and<br>• role and importance of unpaid carers through internal and external development opportunities.<br>Where HIS programme are working across sectors, ensure that the social care and social work sector is fully involved and that the purpose and value of the sector is reflected in our publications.<br><br>Identify opportunities to promote conversations about the value of social care support across the organisation and in public forums. Include the reform of adult social care as a subject for a future citizens panel.<br><br>Explore purchasing and promoting the use of the care badge, which is designed to promote conversations about the value of social care. |

Table 2: support to the consistent experiences and expectations work stream

| Consistent experiences and expectations | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning, this work stream will focus on:<br>• making a plan of the things that are important for how adult social care support is run across Scotland. Then agreeing the best ways of doing these (SDS framework)<br>• making sure social care assessments everywhere in Scotland are about people's outcomes<br>• making it easier for people to move between different councils and still be supported, and<br>• making sure people experience what the Health and Social Care | The Quality Assurance Directorate undertake joint inspections with the Care Inspectorate. This includes thematic reviews of self-directed support and adult support and protection. The directorate will strengthen their understanding of the objectives of the programme to assist them to carry out their functions in support of this work stream.<br><br>Continue to identify opportunities to ensure that people's experience of care and support is in line with the Health and Social Care Standards. This will include supporting micro-providers involved in the delivery of care and support testing out a voluntary pledge aligned to the principles of the Health and Social Care Standards.<br><br>The ihub will continue improvement work in relation to unpaid carers, supporting the delivery of greater consistency of carers support planning across Scotland. |

| | |
|---|---|
| Standards say they can expect. | |

Table 3: support to the models of care and support work stream

| Models of care and support | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning, this is likely to focus on:<br>• making it easier for support options to be flexible and creative, and making sure people can access these. This will include looking at:<br>○ models of care and support that are happening now<br>○ the money put in to create new ways of doing social care support and other changes<br>○ new ways of doing things that are better, and<br>○ how we use technology better to support people and also staff<br>○ what care homes need to look like and do in the future. | Continue to support the planning, design and delivery of flexible and creative models of care and support through planned programmes and bespoke support to Integration Authorities and other health and social care organisations.<br><br>Ensure that understanding of the new models of care work stream is applied and informed by other programmes of work. For example, in the context of the delivery of healthcare staffing legislation for nurses working in care homes. |

Table 4: support to the 'workforce conditions and skills' work stream

| Workforce conditions and skills | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning, this will focus on:<br>• fair work in social care<br>• Connect to Health and Social Care Workforce plan<br>• key issues to be looked at are:<br>  ○ staff pay and rules of contracts<br>  ○ staff voices being heard as part of big group<br>  ○ equal access to learning new skills<br>  ○ this includes personal assistants. | Ensure that staff voices, including the diversity of voices, are heard and visible in our work programmes.<br><br>Ensure that the language used in our publications and at events is inclusive of the social services sector.<br><br>Ensure that understanding from this work stream is applied and informed by other programmes of work. |

Table 5: support to the 'investment in care and support' work stream

| Investment in care and support | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning, this is likely to focus on:<br>• research to get a better understanding of the full cost of social care support across the whole system. This will include charges<br>• research to get a better understanding of future need for social care support and complexity of needs, and<br>• working together to think about, design and try out new ways of funding and paying for adult social care support. This needs to make sure there is money for support for people with different levels of needs. | Ensure that understanding of the investment in care and support work stream is applied and informed by other programmes of work, for example, in the context of work to support strategic planning and commissioning. |

Table 6: support to the 'commissioning and procurement' work stream

| Commissioning and procurement | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning this will focus on:<br>• expectations and practical help for Health and Social Care Partnerships and communities for buying in flexible and creative services and support<br>• making sure contracts between Health and Social Care Partnerships and social care support providers support people's personal outcomes, and<br>• making sure contracts between Health and Social Care Partnerships and social care support providers support good working conditions for staff. | Through the work of the ihub, continue to:<br>• build confidence to enable a shift towards more collaborative approaches to commissioning across sectors<br>• increase knowledge and skills of commissioners and community-based organisations to test small local, non-traditional care and support arrangements, and<br>• support commissioners and community-based organisations to prototype creative local solutions and influence systems-wide barriers to innovation.<br><br>In 2020-2021, it is proposed that the ihub will:<br>• continue to offer bespoke commissioning support, enabling a shift towards more collaborative commissioning practice<br>• co-design a specific programme of work with Integration Authorities to support the redesign of the way in which adult day care services are commissioned and delivered<br>• support the design and implementation of Alliance Contracting<br>• support implementation of flexible, creative community-based responses to identified gaps in the market e.g. in care at home provision in rural locations and address barriers to implementation at a national level, and<br>• build on the learning and evidence-base secured through the current programme and, in partnership with other national organisations, share the application of learning to influence commissioning practice across Scotland. |

Table 7: support to the 'communities, care and support' work stream

| Communities, care and support | |
|---|---|
| **Outline of work stream** | **How we will contribute/support delivery** |
| At the beginning this is likely to focus on:<br>• creating links with people who work in community learning and development to support more adult social care support choices in the community, and<br>• supporting decision makers in local areas to use the best ways to involve people who need social care support when deciding what adult social care support looks like and how to provide it. (SDS framework and Strategic Commissioning). | The ihub are supported the delivery of Community Led Support (CLS) in Scotland. By working alongside the National Development Team for Inclusion (NDTi) and nine participating Integration Authorities in Scotland this work is:<br>• supporting the development of good practice in community-led approaches to health and social care<br>• supporting peer learning and networking to align the spread of community-led support alongside other change agendas within health and social care e.g. neighbourhood care, frailty<br>• aligning with wider drivers for change in Scotland e.g. Community Empowerment, Participatory Budgeting, The Scottish Approach to Service Design, and<br>• capturing and sharing learning and evidence of impact of a community-led approach to health and social care.<br><br>In 2020-2021, it is proposed that the ihub will provide bespoke support focused on embedding and sustainability to existing CLS sites and that the ihub would provide support in the following areas:<br>• independent evaluation<br>• evidence: development of tools/resources to support a 'community led' approach<br>• supporting the system conditions that enable sustainability<br>• partnership/provider relationships, and<br>• leadership. |

**Conclusion**

HIS recognises the value of social care support to Scotland and its key role in supporting people in our communities. We are well positioned to deliver improvement activities, in partnership with other national bodies where appropriate, that will support delivery of the reform of adult social care to drive better quality health and social care for the people of Scotland.