

Interim Report:

**An analysis of the perceptions of key stakeholders involved in the Forres (Varis Court)
Health and Social Care Pilot Project – Initial Thoughts**

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1.0 Executive Summary

- A team of management academics from the University of Dundee was commissioned to undertake a qualitative analysis of the perceptions of key stakeholders involved with the Forres (Varis Court) Health and Social Care pilot project.
- The Forres (Varis Court) Health and Social Care pilot project — located in the Hanover Housing Association development — offers an opportunity not only to redesign the social care services within sheltered housing but also an opportunity to test out a new model of in-patient care provision.
- It is understood that NHS Health Improvement Scotland is undertaking a financial/economic evaluation of the Forres (Varis Court) Health and Social Care pilot project — the analysis in this Interim Report is qualitative in nature and seeks to understand the perceptions of key stakeholders.
- The purpose of this Interim Report is to highlight emerging themes and findings to inform further discussion — a full and more detailed report will follow in spring 2019.
- Fifteen semi-structured interviews were undertaken by University of Dundee researchers between October 2018 — November 2018. All interviews were recorded and fully transcribed. A thematic analysis was then completed.
- Key points from analysis are as follows:
 - Most people, especially those at the core of the pilot project, ‘buy in’ to the principles i.e. the more person-centred approach; the community setting; and the flexibility offered. In this respect, we consider that the strategy is correct.
 - But, it is more difficult to implement than first realised due to cultural, political and embedded issues such as establishing new and effective multi-disciplinary teams and differences in perception between professional groups (i.e. professional boundaries are marked).
 - There were some concerns over utilisation and finances, especially from those less-engaged with the day-to-day operations of the pilot project.
 - In addition, it is not clear how success is, can be and will be measured.
- Recommendations and Next Steps:
 - More extensive involvement of the clinical community.
 - Greater thought be given to the criteria for evaluation — quantitative and qualitative — and how these criteria may change over time.
 - Inter: develop further team working between all stakeholders (focusing on identity management and inter-professional working).
 - Intra: further development of Buurtzorg and understanding if this less-medicalised model may enable a quicker flow through the integration of health and social care.
 - Further thought will be required on next stage research — clarity will be required on operational objectives of this new approach and establishing what metrics are indicators of change.
 - In terms of the health and social care system in Moray, this learning could then be beneficial in terms of continuous learning and the future redesign of services.

2.0 The Context

Leancoil (community) hospital has a reduced staff compliment and major recruitment is now required. The hospital is also in need of a major capital investment to ensure that the building is fit for purpose. A combination of the challenges of recruiting sufficient numbers of nursing staff to sustain safe operating practices and the required investment into the physical fabric of the building has meant that Health & Social Care Moray has identified that there is a high probability that Leancoil Hospital is not sustainable in the medium- to long-term. At present, it has shut (temporarily).

But (at the same time) there is an ongoing 18-month test site in the Forres Varis Court development (part of the Hanover Housing Association complex) that explores a new model of in-patient health care provision. This was originally conceived as the provision of 24 hour/7 days a week nursing care being provided at 5 of the 33-unit Varis Court development by 8 WTE NHS nursing staff.

Unlike a traditional ward, the 5 flats have 2 bedrooms and a small kitchen that aims to assist with re-ablement and recovery, which is a key element of the test site. This test site has had its funding increased to December 2018. In detail, this test site has adopted the application of the Buurtzorg principles in terms of how the nursing team — who are known as FNCT (Forres Neighbour Care Team) — organise themselves and deliver care and support in relation to the 5 units within the development and also to people in their own homes in a community setting.

At present, significant 'insight' — and areas of interest — has developed from experiences in this test site. To understand this (insight) further and to offer an independent/objective view, a team of management academics from the University of Dundee was commissioned to undertake a qualitative analysis of the perceptions of key stakeholders involved with the Forres (Varis Court) Health and Social Care pilot project.

3.0 Method

Stakeholders associated with Varis Court were interviewed by the University of Dundee researchers during the period October 2018 - November 2018.

The interviewees — sourced from NHS Grampian, Health and Social Care Moray and Hannover Housing Association — were selected by Health & Social Care Moray staff.¹ Fifteen semi-structured interviews were conducted in person in Forres and Elgin and via telephone due to the nature of the distance involved between Dundee and Forres/Elgin.

All interviews were recorded and transcribed for detailed analysis. The aim of this stakeholder and thematic analysis was to assess the effectiveness of the project and potential for improvement from the perspectives of key clinical, care and administrative staff.

It is hoped that this analysis can be used to assess how the interests of those stakeholders should be addressed in future policies and projects.

¹ In this research, no patients were interviewed.

The interview questions are at Annex A. The University of Dundee's Code of Practice for Research Ethics was followed and participant confidentiality was maintained.

For this Interim Report, an initial analysis of the perceptions of some of these key stakeholders was undertaken.²

4.0 Initial Findings

Our initial analysis comprises of three categories: What is going well; Associated challenges; and Opportunities. The sub-themes within each category and illustrative quotes are set out in Tables 1-3 below.

Table 1: What is going well?

A1	<p>A community model that can prevent unnecessary admissions to acute services:</p> <p>We're looking at having a community model that helps prevent unnecessary admission to acute services by providing care in the community. Whether it is at the person's home or whether it's in an in-patient setting is our aim. Acute services would take someone who's really unwell, who's needing further assessments etc. Whereas we would look at... Well, traditionally, what would happen is if there's no community service to provide it, they would get put into acute care. Because there's no in between [BH03].</p> <p>You'll be aware of some of the challenges we've been having around staffing in community hospitals, which are largely bed-based models, the Varis Court initiative is an attempt to move away from that. They are trying to provide an environment that supports a cohort of, shall we say, clients to either support their return to home or chances of returning to home after a hospital admission or as part of a hospital prevention strategy, but I think it about improving people's confidence, maintaining their independence as long as possible. I'm not aware its anything longer term than that [GM04].</p> <p>Forres community nursing team/Varis Court as an inpatient type facility to try and look after our patients in a step-up/step-down manner, either avoiding unnecessary hospital admissions by using GP-led beds in the Varis Court facility or by taking over care from any patients that might be stepping down from the ACE unit in Dr Gray's [SB02].</p> <p>It can also involve third and voluntary sectors. In addition, FNCT has established new ways of working:</p> <p>So, the way I go about my role is that I look far beyond what is going on medically and... Far beyond that and look at that... Look at the different... Loneliness, isolation, cleanliness [BH02].</p> <p>I think within Varis and the Forres locality the Buurtzorg model is a really good example of we don't just go in and do our own bit, we look at the wider picture, and I suppose until you've had experience of working in that way, it's really challenging [NB02].</p> <p>Some patients can lose confidence in hospital – FNCT helps improve this confidence:</p>
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² At the time of writing, not all interviews have been transcribed and analysed fully.

	<p>What you find is, with our mean age is something like 86 I think. And, for being in hospital for a short period of time, you can lose that confidence to be at home. And I don't think that's really recognised within the acute services. We will bring them into our service. We will follow them at home to ensure that they get that confidence back again essentially. To be able to cope at home. And manage the things that they would have managed but, because hospital's very debilitating [BH03].</p> <p>Varis Court staff are empowered with increasing sense of ownership. A different patient pathway is offered. Locality is very important to patient and family:</p> <p>You can be holistic in ward seven, I think, but you're very restrained because you're not in their own homes, so... these flats are meant to be [like]their own homes and it's their own homes in the community too, so... I think, because they're in their own homes, and you get to know [BH02].</p> <p>I think... we all know what our job is and we kind of stick to that and do it very well but this initiative is really trying to push those boundaries and encourage, I suppose, staff groups to work an awful lot more closely with one another and allow those boundaries to be stretched just a little bit I think speaking about the Forres neighbourhood team in particular, their job satisfaction as well because they've all come from different backgrounds and all of them have embraced this way of working. They've fed back themselves that they feel that they can practise more autonomously [SB01].</p>
A2	<p>Understanding of Government policy and practice (i.e. the integration of health and social care and why it is important):</p> <p>In relation to the Varis Court initiative, the District general hospital requires to discharge patients from acute hospital environment and I guess working with the Varis Court people, we try to identify the most appropriate place to place (people) depending on their most appropriate requirements [GM04].</p>
A3	<p>Providing an additional service (i.e. stopping bed blocking)/contact. At present, there are occasions when medically 'fit' patients cannot come out of hospital as no follow-on care:</p> <p>Essentially, if you're in a hospital space there will be an element of, we need the bed again. Which is not a nice thing to be on the receiving end of [BH03].</p> <p>People's care packages tend to get withdrawn if they stay in hospital and then they have to wait, often much longer, for a new care package, so it goes to the local brokerage where care agencies pick up that care package, and if there isn't one available that person will remain in a hospital...that can take some time, weeks and months. People then tend to lose their independence and skills...things are done for people in traditional hospitals and care systems, rather than with people [GM 04].</p> <p>FNCT may also provide a locus of care. Home care improved and Buurtzorg developed in context:</p> <p>I have to say that I'm involved in other care services where they don't have the nursing staff they do at Varis Court and the difference is dramatic...they don't have the same continuity and level of care without that nursing staff [GM03].</p>

<p>A4</p>	<p>Move towards an integrated model of care e.g. it is good at neighbourhood and palliative care:</p> <p>For me, working with the project has been absolutely invaluable; some of the people we look after who would have otherwise been put into hospital or in a nursing home or respite home because their care needs would have increased and they wouldn't have been able to return to the community, so by having the nursing staff and the Hanover care staff, that allows people to live independently for longer in a home environment rather than a hospital [GM04].</p> <p>Nurses are able to do work in the community. An example of that would be palliative care; we've been able to keep people at home, people don't want to go to hospital to die, they don't want to be in a nursing home environment [GM03].</p> <p>The feedback we've had is that people are able to stay at home longer, they are able to get drips, they are able to get IV treatment...you know if people are dehydrated from example, they are able to get treatment immediately rather than wait to go into hospital [GM03].</p> <p>We've had several tenants who've chosen to die at home, so they've been able to stay in the property, their families have been able to stay with them, visit them when they want, their family can cook for them, eat with them...they can have that intimate time, so important when someone is dying...if there's such a thing as a good death, this is it [GM03].</p> <p>My understanding of the Varis Court initiative is dynamic, but essentially it arises from the Health and Social Care legislation, but essentially, it's about...a step-down facility, where we can put people for a short period of time, maybe two or three weeks maximum to reduce in-patient care....Other major use of hospital admission reductions [GM01].</p>
<p>A5</p>	<p>Good focus within locality</p> <p>The FNCT is based at Varis Court but also provide care in the community in patients' homes which has helped to provide continuity of care and individualised care plans. There was a suggestion that this approach is underpinned by a wider awareness amongst primary and community professionals of the benefits of providing care close to home.</p> <p>I think we've provided a much more seamless journey for service users and patients ...when they've come through the Forres neighbourhood team, they've... you know, it's allowed them to either follow them in and follow them back out again. ... So, I think there's value in that because they obviously get to know the patients a lot better within the locality which is the other bit of the locality working that we've got to try and promote. So, it's not just all the strangers that are inputting into your life at quite serious times. ... having their health and social care needs designed around them as an individual rather than just fitting into the mainstream way that, as I say, from a conventional perspective that things have always been delivered [SB01].</p> <p>Clearly there's a change in the idea that we're now looking at trying to support people at home and trying to keep them at home more than we would do in the traditional sense whereby, if people were to go off legs or to become a bit confused, we would normally look to perhaps admit them to either Leancoil or Dr Gray's, our main hospital in Elgin, whereas with this new band of nurses we're maybe hoping to be able to avoid hospital</p>

	<p>admissions and even maybe even for people at home rather than bring them into a kind of more supervised place such as Varis Court....But, you know, the key really is to try and treat our patients at home and in the community rather than sending them into our hospitals [SB02].</p> <p>A key ongoing element of the project is engaging the acute staff in this philosophy:</p> <p>So, when they're medically stable to be transferred out of hospital, we have to consider getting people back as close to Forres as we can... patients were being placed out with the Forres locality...I guess for the patients themselves, it also might feel a bit disrupted or a bit far from home ...the bus route to Speyside is very limited. ...So, at the moment we're trying to change the mind set of our Acute colleagues by saying, you know, if somebody from Forres is in Dr Gray's and they're medically stable to be transferred, we have to think about Forres ... So, my focus is to try to look at what's safe. Forres first, what have we got in Forres? So, Varis Court is an obvious option as well as home [NB02].</p>
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Table 2: Associated Challenges

<p>B1</p>	<p>Is it working? What are the evaluation criteria? Where are and what are the staff boundaries? What do we understand about the Varis Court initiative? Issues with District Nursing Team (who may feel threatened) and FNCT team (who do 'community' and acute work). Need to rethink MDT approach — keen to see them as one team:</p> <p>Yes. So, I think we need to start... If it rolls out, I think we need to start from the starting point of joint teams of the community team and the team who will be... And also, educating the carers within that team, and social work, and AHP, so it's one full team [BH01].</p> <p>The thought is that Varis would like to have a multidisciplinary team approach around the patients at Varis. So there's like physio, occupational therapy, social work, nursing care, GP input, district nurses' input, or the nursing model [unclear]. And I think that is a really good idea to have that approach for everybody and everybody working around one patient in terms of the discharge planning and getting everything sorted for them. The difficulty is they want that done out of existing resources. And the Varis Court model, which has been implemented in other European and Scandinavian countries, when it's been rolled out in other countries, they've had nurses and an occupational therapist and a physiotherapist employed as part of that model. However, Forres has just chosen to recruit nurses. So they are very nursing-strong-led model and don't have any allied health professional involvement within their staffing and their finances. So that, to me, was a bit of a major flaw from the start [NB01].</p> <p>I understand some of the background, legislation, directions ...health and social care integration, and how IJBs operate...in the time I've been here at a level we've been able to put in much more shape around that, and working with....myself and my colleague we're beginning to have many more conversations about how to manage some of the priorities, for example around population and demographic demands across Moray...how we can come together...its beginning to feel we are making a bit of progress...so that's good [GM04].</p> <p>Health and Social care integration makes sense in principle...I'm assuming it was done in part to reduce middle management...and improve communication. Improved</p>
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	<p>communication I think is happening... what was the question again, is it working...I guess I'm slightly cynical, in part because of the ways of measuring...they try to use all these measures (lists them)...I'm not sure you've got the valid measures...are hospital admissions a good thing or bad thing...it depends. Also it has created a lot of work, lots of meetings even to try to understand it, lots of emails...often just to read an email takes half an hour (when you could actually be doing your job) [GM04].</p> <p>Governance issues (professional, clinical):</p> <p>So, I suppose my concerns are around the governance around what the patient's perception is of the level of care that they're going to get here, that it's going to be low-tech, not even middle-tech, the same as you might get in a community hospital [BH01].</p>
<p>B2</p>	<p>Identity and inter-professional boundaries</p> <p>Some interviewees suggested from a clinical side there was scepticism around what the Varis Court initiative was able to deliver and this has created tensions between the different professionals involved:</p> <p>I've had various reports that the (Varis Court) initiative is not hitting the target's set, people are staying longer than is necessary or not hitting the type of people they were supposed to take on board...I'm aware there are a lot of mixed views about it, different opinions about its value, from clinician to clinician and perhaps among some of the different professionals involved ...but I don't have any hard data on that...it's just anecdotal...I don't get the sense from the clinical community about overwhelming support for it...to be honest I think it was about how the whole project was commissioned and decided...there's a little bit of a difference between the clinical community and the care community if you like...and therefore what can be considered to be a good thing to do, almost presentationally from an health and social care partnership perspective [GM04].</p> <p>This seems to be a more social work set of objectives but doesn't really replace or offer anything like what is required for the types of patients from a clinical perspective that would be necessary...some of that might be the way in which its been implemented and tested...some people haven't been involved enough early on [GM04].</p> <p>Alternatively, others stressed that Varis Court and the wider FNCT care at home approach was one of many options and wasn't suitable for all patients/service users. Depending on their needs some individuals would be better suited to care in a Community Hospital outside the locality or in Dr Gray's:</p> <p>We have taken on a lot of patient's care to allow them to be discharged from hospital, in their own homes. But, we're just here for the short-term, rather than the long-term. ... So [after about 6 weeks], it's trying to get the social worker to... and then start that care with the carers ... It fills a gap. It's somewhere in the middle between a home and hospital. ... In the flats, you couldn't have somebody who's quite cognitively, mentally impaired or needs a lot of support... If they're on a hospital ward, they're watched. You can see them. Whereas, here, they're in flats. It's not the best place for everybody [BH02].</p> <p>Those on the ground also suggested that there were different levels of buy-in locally and admitted that there have been overlaps between the Forres Neighbourhood Care Team and the District Nursing Team but suggested that this is something they will be</p>

	<p>working on going forward:</p> <p>It's historic, but I think social workers particularly. There's always this divide between health and social care... But there's also that between acute and secondary, primary and secondary care. There's still a barrier, albeit invisible, but there's still that lack of... I think its communication honestly, that affects the whole system... It's trying to get them on board and realise what it is we're trying to do which can help them [BH03].</p> <p>So, Forres isn't that big. We've got the district nursing team, we've got our [FNCT] team, and then we have Leancoil. That's quite a lot going on in a small town and ... I think the district nurses and us have had issues of overlapping of whose patient is who ... it is going to be addressed... in Forres. There's two practices ... [we get] more referrals from [x] Practice, than we have from [y] Practice [BH02].</p>
<p>B3</p>	<p>Cost is still a problem i.e. is it cost effective? Some issues relating to capacity usage:</p> <p><u>Interviewer:</u> So, you're... If... Just for me to check my understanding, when I said how is this going, you're thinking, well... You don't think the utilisation is correct. Is that what we're saying, in terms of the flats all being used or being optimised, yes?</p> <p><u>Interviewee:</u> Yes. If you look, one of the flats is now an office [BH01].</p> <p>I don't think we are rewarded for (meeting targets)... I think qualitative measures are a better measure....we work together more than we did but does that make things better... I don't know. It needs to be funded and I don't think it is [GM01].</p> <p>I think, yes, it would be wrong for me to say, no, no, everything's hunky dory. It's not. There'd be concerns around the finances moving forward. You know, it doesn't come cheap to try and do something different and deliver services in a different way. I don't want to see people being admitted to the acute hospital and Dr Gray's when they don't need to be. Likewise, I wouldn't like to see the service users of Forres have to travel to other areas of Moray. ...and I suppose, you know, one of the worst things would be is if, you know, Leancoil Hospital had to reopen for any reason, because it isn't fit for purpose as it currently stands. So, these are all concerns for me. So, it is about right place, right person, right time and I think we've managed to do a good majority of that [SB01].</p> <p>I have concerns more to do with the financial... we're made aware that, you know, there is no new money ... there are financial, you know, restraints. ... At the end of the day, it would be nice, if you were going to do a pilot like this, to ensure that people are attracted to the job and are able to be retained in the job so that we can actually see whether it works [SB02].</p> <p>This last quote also highlights a view raised by several participants from a range of backgrounds surrounding a desire for the 'pilot nature' of this initiative to be removed to allow for longer term planning, greater job security for the nursing staff involved, and developing the MDT aspects of the initiative.</p> <p>Other interviewees raised concerns around the reallocation of budgets from other services into Varis Court.</p>
<p>B4</p>	<p>Perceptions i.e. what is being offered (weekend hospital, respite care, care home)? Do patients understand what FNCT is:</p>

	<p>Because that's the other thing I do think. So, it comes... This, I think, comes under the NHS, but... It's not a care home facility, but yet it's not a hospital facility, either. So, in terms... If I think about the things that the director of nursing wants us to do with community hospitals, this is a... This is like somebody's home, but yet it's a bit of an inpatient facility too ... the boundaries are a bit blurred ... it is like being in somebody's own home ... But, do the patients coming in here think they're coming into a hospital-type [setting]? [BH01].</p> <p>What is the experience of wider professionals?</p> <p>A view expressed by wider clinicians in the area the initiative has potential to be a useful solution, but the different offerings require different skills and resources and the service faces resource constraints and is yet to be fully tested:</p> <p>What we should have, and I say should have, is a fully-staffed team of nurses that are working a 24-hour seven day a week rota, whereby they are able to look after patients in the Varis Court facility as well as our outreach service centre, our community, whereby they can come in and provide step-up nursing care. ...if it was fully-staffed, then that would be something that would be remarkable, I think, with what we were actually planning...what it's like on the ground due to, you know, staffing levels, etc., at this point. My understanding was that you were going to have a 24-hour seven day a week 52-week year with... I think it was 12 Band 5 nurses and you would have a Band 7, overseeing these nurses ...at the moment they've got, I believe, five Band 5s and they've now got six Band 2s, which is not really what, I think, we were led to believe at the start. So, again, it's about whether, you know, what we actually have is able to provide the service, both in Varis Court and in the community, and in order to achieve that, you really need to have contracts to allow people to want to work in this new model [SB02].</p> <p>Others suggested that they were unsure:</p> <p>I've never been particularly clear what type of people we would expect to place in (Varis Court)...to provide a little more context...To be honest with the Varis Court initiative, I've been aware its going through a series of reviews and evaluations...but never been very clear in my role...what are the rules of engagement, what are their admissions policy [GM04].</p>
<p>B5</p>	<p>Possible funded options outside hospital</p> <p>Several participants mentioned the possible expansion of the Varis Court model to additional care homes in the area. This proposal seems to have met mixed views with some advocating it as a way of expanding service provision while others raised concerns about logistics, GP availability and workload planning, and the availability of nursing resource.</p>

Table 3: Opportunities

<p>C1</p>	<p>Teambuilding – thinking beyond the original FNCT</p> <p>Until recently, although there has been some engagement between the FNCT, the</p>
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	<p>district nurses and wider multi-disciplinary care team, they have mainly worked independently — there is potential for, and a desire amongst some participants, for greater collaborative working going forward:</p> <p style="padding-left: 40px;">There's elements of it that are going really well and I think that it is mapping out how we would want to deliver care in the future. There's obviously some financial elements to that that we still have to work through and, as I say, for the initiative to really, I suppose, take off, it does now require this next bit of integrated working with all the other MDTs that are located in the Forres area to really actually truly take it to the next stage [SB01].</p> <p>With the recent (temporary) closure of Leancoil, staff from the community hospital are now working at Varis Court this has represented quite a big cultural change for these staff as they haven't actively applied to work in the new model so support here will be necessary:</p> <p style="padding-left: 40px;">I suppose the other challenge as well is that we have got some nurses from Leancoil Hospital who are placed in Varis Court, working there at the moment, and I don't think that they've quite got the concept because they, again, are very... within the mind set of being managed whereas it's a very self-managed model. It's that sort of principle. It's very different. So, I think there's a bit of education [NB02].</p>
<p>C2</p>	<p>Understanding reasons and blockages</p> <p>Going forward communication is going to be key. It was suggested that the FNCT were fully bought into the approach as they had been able to apply to work in this way. One opportunity going forward relates to engaging the wider MDT and integrating the previous Leancoil staff into the FNCT and its philosophy — these cultural changes will take time:</p> <p style="padding-left: 40px;">You've got people that are very up in a social model and then you've got people that, you know, still very much follow a medical model and certainly we saw that in some of the staff, that when Leancoil transferred over into the Forres neighbourhood team, which has been part of all of this as well, which is really quite interesting, is just to see how they adapt to the principles and a completely different way of working. So, I would say that would be some of the challenges that we've faced to date. But I don't think they're unsurmountable. I think that we will get there with it. It's just going to take time. It's not something... You know, it's okay putting processes and procedures in place but we're speaking about kind of cultures and behaviours and that's the areas that take a lot longer to turn around [SB01].</p> <p>From the acute side, it was also suggested that greater training of what the Varis Court site offers and how it compares to a traditional community hospital setting would help change mind sets around patient discharge plans/pathways:</p> <p style="padding-left: 40px;">We should really be doing a little bit more promoting Varis Court, if you like, doing sessions with staff, because they are very quick to, we don't know anything about Varis Court, it's a different option that we've not really been involved in any of the discussions around and... So, you know, I have had that said back to me. You know, if we phone and speak to [...], we're not really sure if it's appropriate, an appropriate referral. So, I think there's a bit of learning there [NB02].</p>
<p>C3</p>	<p>Reframe problems being solved i.e. holistic cost</p>

	<p>As noted above, throughout the interviews there was a real sense that communication could be improved to ensure that everyone knows what the different parts of the service aim to provide. Bringing together the different strands of care and setting out clear boundaries, that is managing expectations, around what the different elements can and cannot do and how they can work together will be important. Linked to this was the sense that any evaluation has to take a holistic approach and appreciate the person-centred goals of the FNCT initiative:</p> <p>My personal opinion about what nursing is, is that I think nursing is about everything... Look after every aspect of their nutrition, their cleanliness... I think that they realised ... that they couldn't really just shut Leancoil Hospital without something being in Forres ... [sending] elderly people all across Moray, it's not going to work, and I think there would be an absolute outcry from the people of Forres if there was nothing in place. So, I think it's all been very coordinated [BH02].</p> <p>In my mind good care is where we are able to take into consideration the needs of the patient and their family or service user, that we can look at their outcomes, to be able to meet those outcomes in an environment that's conducive to them either recovering and rehabbing or, if it is end of life, that they're in a setting that's more homely, that allows them still, obviously, dignity and respect while they're still with them, and I think that's really important for any family members that are around them as well so they experience that as well ... I think good care looks... where people have got control and a bit of autonomy over how their care is shaped around them and I think that's why I think Forres neighbourhood team has kind of got that right in the fact that we promote independence when people are either within the units or they're in their own homes ... [but] it has to be meaningful to the area ... Forres is unique in the fact that we did have a building that was no longer fit to be a community hospital ... you need to obviously decommission something to be able to free up finances, resources to commission something else [SB02].</p> <p>The people. It's about being people-oriented, I think sometimes. Actually, what do they need? It's not just what the patient needs, it's what the relatives and other people who are involved need... I think, from day one, there was always going to be a challenge of putting a new service and a pre-existing service together. Because a lack of understanding about who's doing what and why would we need this ... One of the things we're working on at the moment, is trying to get that multi-disciplinary approach. ... we're just in the process of trying to get our AHP colleagues, allied health professionals, bought into this as well... Because they're now really pivotal to any service and I think that was one of the things that was missed at the start [BH03].</p>
<p>C4</p>	<p>Develop a menu of options: costed/evaluated</p> <p>Several participants noted that Varis Court offered both step up and step-down care, including end of life care but these require quite different approaches, and potentially resources, but is clearly linked to the notion of working in a person-centred approach:</p> <p>So, it's about how we promote a person-centred approach but also giving the patient the choice, because I don't hear an awful lot of that either. You know, we talk to patients and say to them, this is what we're going to do. We don't actually say, well, where would you like to be, because, you know, the palliative care side of things, well, some patients want to go home, some patients don't want to go home and I know that's a separate but Varis Court do support end of life or, you know, the Forres neighbourhood team do support that with our community colleagues. So, I think that's another consideration, that we do start</p>

	<p>to put the patient in the centre [NB02].</p> <p>Several participants noted confusion over what the main purpose of the Varis Court rooms were and how they would be allocated. Looking ahead it would be useful to cost and evaluate the different menu of options. There also was a suggestion that, to date, they have not been fully occupied / at capacity, as up until recently it was run alongside Leancoil so ensuring that there is adequate staffing to meet these menu of options is crucial:</p> <p>You know, my main issue at this point is that I would like this to be something that is adequately resourced and the right staff being in the right post in order to be able to have a successful service, not perhaps settling for a workforce which is not as well-skilled as it could be because it's what we're able to get [SB02].</p>
C5	<p>Decide on policy of location and revenue raising</p> <p>Some participants raised concerns surrounding the remaining pressures on resources and whether the initiative can deliver its potential. Managing expectations, while also monitoring staffing levels and identifying key pressure points should be key considerations going forward.</p>

5.0 Analysis Summary

In general, there is understanding of the principles of Health and Social Care Integration (H&SCI) and the associated political agenda. Moreover, there is a great deal of investment from stakeholders with most expressing a desire to see this project work, especially given the current temporary closure of Leancoil. Nevertheless, the interviews reflect different professional logics, career knowledge and how 'close' they were to the project (e.g. sequential models v. integrated models of care; direct involvement v more peripheral involvement; early v late involvement; and 'winners' v 'losers' from the change).

The pilot project was generally thought to be working (relatively) well, in that it provided a much-needed step-up and step-down facility for local service users and patients. The FNCT are engaged and working effectively across the community. Most interviewees agreed that patient care and safety as well as the wider patient experience were key measures of success. However, there was some uncertainty around what good outcomes 'look like' with some suggesting that outcomes (such as hospital admission rates) can be interpreted in many ways. To date, the benefits appear to be largely providing extended social care at the margins, beyond what is already provided. However, with the (potential) closure of Leancoil, it is expected that the Varis Court accommodation and FNCT could potentially provide a more central care role within community care going forward.

The new arrangements/co-location had been extremely beneficial in integrating social care and raising their profile and voice. We suggest that this cohort may be more positive. There was, however, a feeling that allied health professionals (AHPs) (such as physiotherapists and occupational therapists) could be better integrated into the operational planning. There are also resource constraints here as these professionals are often stretched across wider community care and sometimes acute care.

A big challenge facing the Varis Court model is around communication with both GPs and Hospital Consultants around understanding the model, what is provided and what care the units can safely provide. Some caution was expressed around feeling confident to refer patients into this model. There was also a sense that it (Varis Court) had changed the way GPs worked in the area and they missed the certainty and autonomy they (GPs) had (previously) at Leancoil and the benefits of a single site for planning.

There was also a suggestion by some that the model has not been tested to the full as it has until recently worked alongside Leancoil and has been operating on a smaller scale and with a smaller number of trained nurses that was originally envisioned. Yet, others made a case for Varis Court to be no longer a 'pilot' study and for it to become fully embedded in the wider community care provision as this would provide more certainty in terms of long-term planning and, of note, in helping with recruiting and maintaining their nurse cohort.

The suggestion the Varis Court model could be applied at multiple sites received mixed responses and was a concern for some participants with regard to the implications in terms of nurse resourcing and the workload planning of GPs and AHPs.

The sustainability of financing beds and supporting patients with appropriately trained staff was raised by several interviewees. This suggests that there is perhaps a need for a more holistic approach to costing for the initiative that takes into account both the economic and social costs and benefits provided.

6.0 Recommendations

For some professionals the new way of working is a natural extension of best practice. However, for others it can represent a new set of demands to work in different and sometimes unknown ways. Therefore, change needs to be managed in a multi-dimensional way which includes learning time for professionals to adapt skills to the new requirements. This learning may also need training support.

Working in multi-disciplinary teams is central to the project. However, in the perceptions of some respondents the teams are not always in the right balance with some professional groups being over-represented and others under. There is a need to carefully assess the appropriate skill mix and encourage applications from the appropriate professional groups. This could include part-time and flexible modes of working depending on overall demand levels.

A distinct benefit of the new approach could be better quality of engagement with carers and families. It would be advisable to ensure that feedback from carers is captured and included in evaluations. On a related point, there are opportunities to enhance training and support for carers so that return home can be easier and more sustainable. Follow-up evaluations after three months could provide qualitative data alongside other information such as re-admissions data.

Evaluation needs to take account of length of stay by benchmarks so that there is clarity on whether or not patients are staying for "longer than necessary".

Learning about how to work effectively as a multi-disciplinary team is occurring at the moment, but it is not clear that this learning is being systematically captured such that best

practice can be embedded in the system more generally. This could be achieved by periodic learning reviews and recording cases and protocols on the website.

So, in summary, we suggest:

- More extensive involvement of the clinical community.
- Greater thought be given to the criteria for evaluation — quantitative and qualitative — and how these criteria may change over time.
- Inter: develop further team working between all stakeholders (focusing on identity management and inter-professional working).
- Intra: further development of Buurtzorg and understanding if this less-medicalised model may enable a quicker flow through the integration of health and social care.
- Further thought will be required on next stage research — clarity will be required on operational objectives of this new approach and establishing what metrics are indicators of change.
- In terms of the health and social care system in Moray, this learning could then be beneficial in terms of continuous learning and the future redesign of services.

Annex A: Interview Guide

1. Can you give me a little background on your role in relation the Varis Court Extra Care initiative?
2. What is your understanding of the initiative? and how the Forres Neighbour Care Team works?
3. How does this approach compare with traditional care models?
4. What in your mind does good care look like?
5. Who in your mind are the key stakeholders of the initiative?
6. How is the initiative going? * What if anything do you think has changed since the Extra Care initiative began at Varis Court?
7. What have been the most beneficial outcomes for service users and their families following the introduction of this initiative?
8. How has the initiative impacted on staff in the Forres Neighbour Care Team (FNT) and staff in the Multi-Disciplinary Team (MDT)?
9. Do you have any concerns with the initiative? If so, what are they and why?
10. If this initiative was to be rolled out across Moray is there anything you think should change?
11. What, in your mind, would be a good outcome from this trial initiative?