



Day Centre Research Forum, 23rd June 2022

'Redesigning for survival'

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A 'warts and all' account of a service fighting for survival through unprecedented times including pandemics and local authority cuts and the struggle for recognition from statutory organisations in relation to its place in the care continuum for clients. This presentation examines the experiences of redesigning and modernising a traditional day service into an innovative, creative centre for wellbeing for older people.

Ladies and Gentlemen, it is a very real pleasure to be presenting to you today and it is so nice to know that as an audience you are interested in what we have been doing in a service which struggles to get any sort of recognition even in our own area of operation.

I am going to start this presentation by breaking one of the major rules of presenting and that is, starting with an apology. An apology for past misrepresentation of day services in past positions. An apology for underestimating the effectiveness of day services, an apology for ignoring day services in past redesigns and improvement programmes and an apology for never really truly understanding the part these services play in the care sector.

I am embarrassed to admit that over a 33-year career within the health and social care system I had never worked with or included day care providers and specifically, those dealing with older people, in any programmes of work I have undertaken. As a so-called 'expert for redesign and improvement' I have worked at the highest level within the Department of Health, NHS Trusts and Clinical Commissioning Groups as well as being an international advisor for the World Health Organisation for improvement within mental health services and as I have already mentioned, not once have I included day services into any redesign or improvement plans.

I now find myself in the position where I am trying desperately to raise the profile of these services to people just like myself in the past, who have a degree of influence but do not utterly understand what it is we provide and the effect we can have on individuals and families.

Now that that apology is out in the open and that you have a little background information about myself, I can start the actual presentation which deals with redesigning a large day care service within West Lothian, Scotland.

If I were following the principles of change and doing a very systemic presentation this would be a dull as dishwater so I will try and explain the distinct phases of the change process as they happened to me. It would be fair to mention at this point that the lack of any internal market and competition has lessened the need for continual change in Scotland. My organisation is a particularly good example of this as it probably never changed drastically for more than 25 years because no one has ever asked or shown an interest in what we do or for evidence of our outcomes we were achieving.

Phase 1: first 3 months in post – knowledge gathering and getting the Board on board

I was appointed CEO to Braid House in November 2019. I was coming from a role of director of redesign and improvement at Barnet, Enfield, and Haringey CCG and it was the first time being employed directly in the 3rd sector. I had extensive experience of working alongside the 3rd sector in redesign and improvement programmes but never employed by them, so you could say it was a bit of a change!

This was also the first time that I had worked in Scotland and West Lothian is an interesting area, serving a population of almost 200,000 in an economy with its roots in mining and heavy industry. Like Scotland as a whole, West Lothian has seen an increase in the age of its population with the over seventy-five's seeing the largest percentage increase between 2012-2022 with a 46% rise. Dementia and Alzheimer's disease is the leading cause of death for females (13%) and the second highest reason, behind ischemic heart disease for men (8%) in the West Lothian area so the need for support is certainly there.

Another reason for moving back to Scotland was due to my father becoming seriously unwell and living with dementia himself and struggling to manage day to day. This opportunity would give me the chance to support my father and family as he approached the end of his life. When I look back at this time it was partly his experiences of services that drew me to the job and working in a day care environment or as my dad would call it, his 'Gentlemen's Club', never a day centre!

The board at Braid House (as it was known then) was confronted with a major decision following the retirement of the service manager who had been in post for more than 20 years.

Did they replace that individual with someone similar, probably from within the existing workforce or did they open the position up to someone from a different background and perhaps who would open their thoughts to new ideas and opportunities?

To their credit, they took the less easy option of going out to advert and employing a specialist recruitment agency in attracting a new manager. The position of Chief Executive Officer was also a new role and came about after in-depth discussions

and advice with the recruitment agency as they felt this would attract a different and higher calibre of individual. (That sounds pretentious on my part, and it's not meant to be, but I think we all have a good idea how recruitment agencies work??).

At the initial interview I was informed that the role would also include acting as CEO for the collective of day services across the whole of the West Lothian Area involving five other services. To me this was a bonus as I could instantly see the opportunities and benefits of working with six services rather than just the one, if only that had been the case!!

Once appointed and in position it became clear very quickly, that there had been a split in the board and the appointment of a CEO was not unanimously agreed upon. Several of the board felt it was unnecessary and an unwarranted expense, some felt that they had been successfully delivering the services for ex number of years so why would there be a need for change. It was also clear that the role of CEO was misunderstood and viewed purely as an 'operational manager' just under a new name, so the first phase of change very much started with the board.

At the same time, and as I have already admitted, my personal understanding and knowledge of day care services was extremely limited, so I had to do something to raise this awareness.

I did the usual things of researching and reading, looking at policies and visiting but the single most important task I undertook was to work alongside all the staff. As a registered nurse, I at least had some credibility with the carers although it had been a long time since I had delivered personal care which staff took great delight in highlighting my poor skills!

I spent the next 3 months working alongside all the staff from carers and office administrators to cleaners and drivers, gaining an in-depth understanding of the roles they undertook, their values and their approach to the clients and their jobs. I listened to their complaints and ideas in how to improve their experiences. This period gave me the opportunity to develop a relationship with the workforce and more importantly for them to get to know me.

The board, well that was a much bigger challenge. We arranged an awayday which I think is a standard thing to do, to start exploring what the future might hold and for them to hear my thoughts. To my surprise, this was the first time they had undertaken such as an exercise, but it gave everyone the opportunity to get on the same page, to gather ideas and to set a future direction for the charity or that was the hope.

As in the introduction, this is a 'Warts and All' account of changing an organisation and I suppose this is where it starts to get a bit ugly.

The awayday further opened a split that was already there between board members into a chasm, those who wanted to change and those who felt there was absolutely no need, and everything was fine.

I presented my thoughts on day services, including my first impressions of the centre and the staff (on reflexion, I could have been a little gentler here!) quoting numbers

and criteria and looking at the fact that numbers had drastically fallen in the last year. I asked the question, "Did this present the fact that we were no longer delivering a service which people wanted," and this was seen by some of the board members as a direct attack on the charity and it was certainly anything but.

I also used evidence from my fathers' experiences of attending day services and how that service had been extremely flexible in meeting his needs and understanding his strengths and importantly, reducing his anxieties about attending to the point they were happy to call it the 'Gentleman's Club' to reduce his stigma at being seen attending a day centre. My dad had been a master stonemason, and a great little touch is that once the service found this out, they actually arranged for him to visit a local stone mason so he could go 'back on the tools' for the day and that sort of care and understanding had a major effect on me and my thinking about the sort of service I wanted to see for our own organisation.

It became apparent that one of the opponents of the changes to a CEO was the then Chair. This individual had a remarkably close relationship with the past senior manager and was heavily involved in the day to day running of the centre so much so that some staff viewed this individual as the senior manager after the previous member retired!

Over the next few weeks, I worked and met with individual board members, raising awareness of the CEO role and what was involved and starting to embed my thinking and ideas. Some were receptive and others, completely disinterested. Things came to a head when the Chair and I had a disagreement when that individual became directly involved with a staffing issue and did not pass the information on to me. Looking back, I do not think that this individual had ever been challenged within the organisation before and it came as a surprise when it happened and within a week they had decided to resign from the board.

The next month saw a flurry of resignations of board members. The board went from 10 to 4. Interestingly, the staff within the organisation showed no interest whatsoever as they felt the board had been completely removed from the workforce and most did not know who the board members were, let alone understand their value. It goes without saying that things were a little tense during this period but as soon as the first board meeting took place after the resignations those who were left appeared far more relaxed, driven, and committed to change, probably because they were the ones who wanted that change to happen.

It is an important point worth noting at this point, that the change process I was introducing wasn't just based around the charity and workforce it included myself. I was learning extremely quickly that I was no longer in the statutory sector and therefore there was a huge amount of change that needed to happen within me if this was going to be a success.

I will come back to the board later in the presentation, but I will move on to the other five boards that I was now CEO for and if I thought the Braid Board was a challenge it was nothing compared to these ones!

I spent a great deal of time in those first couple of months visiting and being in the other centres which ranged in size and skill levels for delivering services. What was clear right from the beginning is that there was 'NO' joint working. Each centre had its own board, senior managers, carers etc. They all worked differently, there was no consistency of approach, no joint training, no sharing of resources, no joint strategic thinking. Each had its own relationships with commissioners and council representatives which they guarded like the crown jewels.

The concept of a single CEO to represent all the centres was an idea to help bring these things together but just like the Braid Board, not all those sitting on the other various boards agreed, far from it. For some it had left a bad taste in their mouths, and they were going to do everything in their power to prevent this being a success.

By this time, I was starting to see regional and local issues more clearly. The council (which all the centres are reliant on for most of their funding) were starting a review of day care provision across the whole of West Lothian, (strangely without engaging any of the actual services!) their criteria for clients accessing the services had recently changed to 'Critical and Substantial' which resulted in a high number of clients not being eligible for the care they had been receiving and I could see that this was inevitably moving towards a reduction in the numbers of day care providers or at the very least a reduction in grants awarded to each service.

I presented my thoughts and concerns and aired the concept of partnership working across the different centres and organisations and the potential benefits this could have to each centre and more importantly to the clients and communities we were delivering services to. I also aired the potential idea of amalgamating several centres! (Yes, I agree, that might have been a step too far at such an early stage!) More partnership working would have had the effect of saving money through such things as a single management team, sharing buses for client transportation etc. It would have enabled us to create a clearer service specification and develop a consistency in approach.

These ideas and thoughts fell on deaf ears and the individual boards were adamant that they would remain separate, there was no interest in working together and each board refused to believe that there was any threat to their centres due to the 'special relationships' they had with the council or commissioners.

As an individual I don't give up easily and I have a bit of a reputation for getting things done in very challenging circumstances but through experience I have also learned to pick the battles worth fighting and I could see that trying to bring the services together was either going to take years or a directive from the Local Authority telling them they needed to work together, or funding would be stopped. Unfortunately, neither of these things were going to happen. I could also see that trying to bring the services together at this stage could have a detrimental effect on the services being delivered so after consultation with my board and other key individuals including local authority officers we all agreed that the CEO role representing the collective of Day Centres was not going to work and I therefore resigned as CEO for all the centres and solely concentrated on Braid.

Yes, I was incredibly frustrated, as I felt they had missed a fantastic opportunity to form a collective. However, Redesign managers will know that you face these issues

all the time when improving services but using skills and tools you can usually bring those outliers into the programme eventually. This particular group was so adamant that things would remain as they were that it was seen as a pointless exercise even trying and all those involved with this agreed..

As far as my board and myself saw it, there was a window that was begging to be opened but the lack of foresight and strategic thinking was not there instead, there was a complete selfish focus on individual services and only thinking about what they could achieve rather than exploring opportunities to deliver integrated services to a wider clientele.

Phase 2: 3-6 months? Implementing change...whilst reacting to a global pandemic!

Speak about a baptism of fire, In 3 months I had gone from being the CEO of 6 day centres to 1, the majority of my board had resigned, I was seen as a disruptive and challenging influence from the majority of those already involved with other day services across West Lothian, as an 'outsider' from other organisations and occasionally the 'Who does he think he is' attitude from other CEOs. From my perspective, I was only just getting started at this point and had not really introduced actual change to date!

Staff were however getting to know me, and they were starting to hear some of my thoughts, and I was listening to theirs about how we could deliver services in diverse ways. Ideas around 'person centred care, choice, smaller groups working, using other services to support us, looking at a new client group, younger clients, carer support, these were all being explored with enthusiasm which gave me encouragement.

Just as I thought we started to get some momentum the then senior operations manager left for another position and that sent us backwards for a few weeks, but it also gave me the opportunity to promote a senior carer that I recognised potential in, into that role and this was singly, one of the best decisions I have ever made in my entire career. Having a good senior team around you makes the job so much easier as everyone probably knows.

Then came along Covid, wow, what can I say.

Lots has been reported and written about how care homes were treated throughout the last 2 years and rightly so, but I have seen extraordinarily little reported about how day services were left completely up in the air without support or advice, and it is equally distressful.

I could easily do a whole presentation on this subject, but I imagine we are all pretty fed up with it all now but its something that certain individuals and governmental departments should be ashamed of.

As soon as it was clear we were going to go into lockdown we/I, made the decision to remain open in some form. Initially for the first 2 weeks we closed to all clients coming into the centre, and we moved to delivering support through home visits and innovative alternatives.

The week before, we had taken possession of x8 Komp devices, this was the first step in starting to do things differently and the staff were going to be having extensive training in its use. Covid meant we had to do this over the phone, and it was very much trial and error for the next few weeks. **(KOMP are Simple to use, ONE BUTTON instant communication devices which provides an effective means of communication between the user and carers. Calls are quickly and simply answered, and all messages and images are projected onto the screen instantly. This is a NO FUSS form of communication without the need of Wi-Fi).**

Internet support was another development that had been planned to be introduced over an extended period, but the circumstances dictated that it was delivered within weeks. Interestingly, when I had initially discussed this with the staff it was very poorly received. There was an initial belief that Older People would not be able or willing to use the internet. In fact, this was more about the lack of knowledge and skills in the staff's ability to use the internet and Wi-Fi rather than anything to do with age!

As bizarre as this might sound, Covid and the pandemic gave us the burning platform to engage and redesign services far more effectively than had we been operating normally. We still supported the same number of people, in fact more than normal because we were supporting a higher number of carers and extended families. We were producing freshly cooked meals from our kitchens and over the period of the pandemic we provided over 50,000 meals to the local community.

Within a couple of weeks, the centre was ready to open to the most 'At Risk' clients who were either living alone or receiving no support. We were not advised to do this; we took that decision on our own because we felt it was the right thing to do. We operated under strict protocols and social distancing, and we never recorded a single case of Covid within the centre.

The reason for describing what we were doing is that I want you to realise we were just as busy throughout this period as we would have been during normal times the only difference was the actual numbers of clients coming into the centre which freed staff time to help me to review and redesign the services. The only other point I would like to make in relation to Covid and the lack of support is that 'No One' in any official capacity was ever prepared to give direct advice about anything and especially for Day Services. The quotes that I continually heard was that "no guidance was available for your services so its down to you to make that decision." Without wanting to blow my own trumpet...thank goodness my organisation had a CEO to take these tough decisions! The other thing I heard was "what is it you actually do in a service like that" when I mentioned Day Services. That said a great deal to me.

Phase 3: 6 months onwards. Process for change – motivating and mobilising a culture of continuous improvement

Each week, perhaps even twice a week or more, we would meet as a staff team to look at new ideas and concepts from other areas locally but also nationally and internationally. I suppose if you were following the change process this would be viewed as developing the 'Shared Purpose' phase. Individuals started to recognise that there was a different way to provide care and support in the setting we were working in. They became more interested in finding things out and creating a need

for meaningful work. Not everyone was on board which is always to be expected and the individuals that I had concerns with while working with them were the ones that did not engage. Some of these individuals had been in the job for 20+ years and could not understand the need for anything to change, others were there as it was just a job until something better came along!

These meetings allowed ideas, thoughts, and good practise to be 'Spread and Adopted' across everyone and one of the first decisions we made as a group was to buy a 'Magic Table' after extensive research and discussions with the makers.

(Interactive Projector specifically developed in Switzerland to engage with clients experiencing dementia and other age-related conditions). Not a huge change but a real start in using new technology, and a physical reminder of the change journey we were on together – something we could all feel proud of achieving as we were the first day centre to take ownership of a Magic Table.

We started to think about measurements, not only around the changes but more importantly around the outcomes of the interventions we were carrying out with clients. No one, even the funders had ever asked for evidence around client outcomes. The only evidence requested, was client numbers attending the service on a daily and weekly basis – very transactional. No one had ever engaged with clients and carers to find out if they enjoyed coming to the centre and what they got from it and importantly what they would like to see in terms of innovative ideas. As part of moving to a relationship-based approach, we now carry out regular satisfaction questionnaires and we have a client focus group which helps us set the future thinking of the charity.

We also started to consider and explore the 'system Drivers,' what is our strategy, where do we sit in the care system, how do others view us, do we need to change? These were the questions that were being posed to all the staff and quickly most were coming to the conclusion that change was needed.

Throughout these meetings I would continually explain that the staff owned these potential changes and improvements. These were not 'MY' changes; this was really the motivating and mobilising phase of the programme and meant that leadership skills were of paramount importance. The new operational manager came into her own at this point and led the team superbly well and because she had the credibility with the staff, as she had been collaborating with them for 10 years + as a carer and then senior carer, they were prepared to fully participate in the changes. This was quickly followed by the concept of 'leadership for all.' After a period, staff started to use their own initiative, they grew into the change process, shared in the vision we were creating, and developed a desire to be the best in what they do.

It is also worth noting that the board would join us for these sessions, and it built a bond between the remaining board members and the staff and created a very strong singular vision for the organisation.

During the pandemic we could not recruit any new board members, so we operated on the quorum of four. Looking back on this time, this was a blessing in disguise because the remaining board members were committed to changing the charity and the smaller board allowed us more time to explore and identify new options for services and more time to develop a new business plan. Since then we have

successful recruited new board members and are now back up to seven members which a wide range of skills and experiences.

Change can also result in some staff leaving the organisation and this is always a difficult time especially when you lose experienced staff but if they do not have the same shared or core values as the rest of the team then sometimes this can be positive, and it so happened to be the case for us. Certain individuals were watching things change on a day to day basis and when expressing their dislike or disagreement with these changes they found themselves being challenged, not by myself or the senior manager but by other staff members and it is at that point those individuals usually make the decision to embrace the changes and be part of the process or leave.

The remaining staff found it easier to introduce change as they were no longer being challenged at every step. That isn't to say we do not challenge each other; this constantly happens, and we are always reviewing the care and interventions we deliver. However, we now challenge on the benefits of the changes we are proposing, rather than whether or not change is required! To support this, we have introduced the PDSA cycle (Plan, Do, Study, Act); someone introduces a new idea, study the effects both on clients and staff and then we would change or improve or in some cases drop the idea altogether. This way of working is now embedded within the staff, they understand the need for this, and they feel it helps them improve the care they deliver.

It goes without saying there are numerous tools and models to support change in organisations and I am sure you have all tried various methods and techniques and I have certainly introduced a number over the last 2 years, but I have also found that the simpler ones are usually the most effective. Complex redesigns are exactly that, complex, but only for a small number of people. The real skill in redesigning services is the ability to engage, enthuse and communicate those changes in a straightforward manner that everyone can understand. It is the classic swan analogy, a change manager should be calm on the surface but paddling like hell underneath the waterline!

The other changes we have introduced into the workforce is 'Person Centred Care'. Now it might surprise you that this was not already there, but the service previously delivered the interventions by doing things **'for'** the individual rather than **'with'** the individual. Most thought they were doing the right thing but after a while and reviewing other services and listening to clients and families they quickly recognised that they were doing what they wanted or because it was easier, rather than recognising the client as an individual and understanding their needs and strengths. Moving away from doing everything for a client is not an easy task and it certainly does not happen overnight. It is a slow process, and this is where the concept of 'Leadership for All' is so important as individuals challenge and remind each other on what is expected and what they should be doing.

New assessments and care plans were introduced which helped capture individual needs and outcomes as well as introducing evaluation tools such as Percci, which would evidence and evaluate the principles of person-centred care. These tools also form the basis of performance management of the staff.

It is a funny thing but after a while and if introduced correctly, the change process starts to take on a life of its own. There is a desire to try out new ideas, to introduce new approaches and it becomes much easier to explore new concepts and this is exactly what happened in the organisation. One change led to another. The concept of person-centred care led to smaller working groups. There was then a recognition that individuals had specific skills so there was then the need to bring in new activities, such as Wood Working, Model Trains, Art and Design, Theatre groups, Singing, Dance and the list goes on. These activities led to the appointment of a resident artist who we commissioned from another organisation. We also employ other individuals who deliver specialist sessions, and this helps develop our partnership working and promotes our changes and new approach within other organisations. We took the huge step to change our name and branding. We dropped the day care title and brought in a Wellbeing and Specialist care title so we could attract a new clientele. The day service title was off putting to some newer clients, and this had been communicated to us on numerous occasions as it had connotations with a negative stereotype of old-fashioned care. I often go back to my dad's idea of his Gentleman's Club and not the day care centre!

We started to engage with clients and families about specific skill courses helping to maintain life skills and independence for longer. From these conversations we developed a Life Skills/reablement centre and created specialist reablement courses. The centre includes a fully equipped skills rooms including bed, hoist, bath, toilet etc. A fully functional small kitchen for 1:1 support. A dark and Light sensory room to help in relaxation and in managing challenging clients. A fully equipped reminiscing room and numerous other activities and technologies. We deliver targeted and intensive courses for clients and families who have either been recently discharged from hospital or require increased support to maintain skills and confidence helping them to remain at home. These courses are available as a separate service and do not require individuals to be a client of the day centre to access.

These developments and concepts took money and that is where the decision to employ a professional fundraiser came into being. This was a high-risk strategy but one that myself and the board felt was necessary to ensure we could deliver the changes we wanted to see and to move to become less reliant on local authority funding. Just like my post, we made the decision to employ a specialist recruitment agency, and this paid huge dividends because the number and calibre of candidates was incredible and once again Covid had played its part. Many fundraisers had found themselves being paid off and very few organisations were recruiting. The timing for us could not have been better because we got to pick from individuals that I don't think would have looked twice at us if we had been up against other better-known charities.

Our fundraiser hit the ground running and has been an enormous success over the last 12 months. She has manoeuvred us into new projects which attracts new funds. These pilots and projects help us to continue to update and change the way we work by exploring new ways of working. The building received a makeover and is now fit for purpose when before it had the feel of a run-down community centre. The biggest benefit from having a fundraiser is not just the money she manages to attract but also the awareness she is raising in other organisations about Day Care. We are being told that many funders have never historically funded services like ours so

whilst this can prove to be challenging as it requires far more explanation, we are also experiencing a high level of success with applications. Saying that the next few years are always going to be tougher as funders have already heard your story!

These new services need to be advertised so a marketing assistant was employed from the government Kick Starter scheme. So successful was this individual in building our private income for us that we have now employed them fulltime, and this acted as a good news story for the Kickstarter programme.

The **life skills/reablement** centre is a self-contained business within the day centre, and it was recognised for this to have credibility it needed a skilled trained professional and we have recently employed our own Occupational Therapist. We not only use this space for our clients but we also hire this space to private clients and organisations. The development of a **Life Skills/reablement** centre came about following research of what was needed and what was already available in the local community. We found that the nearest sensory rooms were in Edinburgh, access to life skills and assessment suites were available in the local hospital but that there was a long waiting list to access these resources. We have developed a service we know will be used by the local community and we are meeting an unmet need.

The recruitment of a fulltime OT into a rather unusual setting, brought us to the attention of Education Scotland who are now in the process of placing OT students with us from both Glasgow and Edinburgh universities. OT students are regularly based in care homes but very few have placements in day services. We are also having other Allied professionals placed with us including Ambulance staff, Physiotherapists, Dentists, Dieticians and hopefully many more over the next few months. The benefit to the organisation and staff of having students is that they keep you in touch with new thinking and as well as raising the profile of the service across wider professional groups.

One special role that we gained funding for that I would like to describe in a bit more details was that of Link Worker. Now, link workers are awfully close to my heart as I created the role many years ago for a primary care programme and although not exactly the same, this role promotes the same principles. Our is employed to connect with other community-based organisations and services. Her role is to raise awareness of what we are, what we do, how we can help and support other organisations and what we can do for clients. They will explore new avenues for service developments and is basically our eyes and ears in the community. They also work with GP's doing the same thing. They will also do home assessments and work with the carers to provide and create unique and individualised packages of care for clients considering the home environment of the client so that what we do in the centre mirrors or enhances what is happening outside of the centre. The benefit of this role is that through raising awareness of our service the number of private referrals has increased. If you add this with our rebranding and advertising campaign, we are starting to see a new client group accessing our services. We have also moved away from offering the standard 'full day' package. Individuals can now access individual classes such as cooking and self-care, to half days and holiday respite care.

The next stage is to explore our opening hours and the possibility of opening at weekends. Historically day care operates on the classic 9-5, 5 days a week model

but society has changed, and we need to change to keep up with modern life. This may mean we have to change the opening times say from 7.30am to 9pm and to open at weekends but this is work in progress.

It all sounds like a success story but the truth is it is not, well partially not. The largest problem we have is gaining credibility from statutory organisations such as the mental health teams, hospitals, GPs. They appear incredibly hesitant to recognise us as a potential resource they could use to help achieve their outcomes and to reduce the backlog of cases built up over the last 2 years in terms of assessing and delivering targeted support.

They either view us as a threat, even though we have held open days and visited those services to inform them about what we can support them with or what do they need from us. Sadly, there just seems to be a block in recognising a Day Care provider in any other way than from the historical service it always has been.

Personally, I also feel there is a degree of service jealousy and snobbery involved and a feeling of how 'could a professional service ever go into partnership with a charity and what the hell does a day service do!'.

That is one of the biggest differences I have experienced whilst working in Scotland. There seems to be a real lack of innovation when it comes to integrated partnership working. Lots of rhetoric around the subject and I am sure people believe they are working in partnership but its not equal and it certainly is not integrated, and I feel we are all missing a trick here.

The other challenge we are facing is an imminent cut in funding. Now, this was never going to come as a surprise and we predicted something was going to happen, everyone had a pretty good idea that the pandemic was going to place pressure on public finances and as you have heard we have been working over the last two years towards a new business plan, so we are not solely reliant on council grants. However, what we were not prepared for was unprecedented size of these cuts and much more importantly the time scales associated with them.

What is hard to stomach is the way the cuts have been calculated - the local authority have used the figures from the last year to evidence the reducing numbers in clients attending the service. Funny thing is we are still in the recovery period from the pandemic and what they do not account for in their calculations is the fact that many of our clients remain fearful of attending, many have sadly died and perhaps most astonishingly, the fact that the council control the referrals to us!

The introduction of stricter criteria has also had the effect of reducing client numbers. A suspicious or cynical person might suggest this was deliberate to keep referral numbers low so they could argue a cut...good job I'm a glass half full Scotsman!! Fundamentally, the approach adopted misses the point that numbers may be lower, but the needs of those individuals are much more complex and high level to the point that many require either constant 1;1 or 2;1 care. Staff may have lower numbers to care for, but they are still under pressure.

This point is constantly argued but council officers and commissioners are sadly not interested, and they are potentially suggesting a **50% cut** from this September, which gives us next to no time to secure other funds or to develop our private services further. Despite our hard work transforming our services over the last two

years and providing care for some of the most vulnerable in the community, the immediate future looks bleak. Part of that future is a result of the local day services not having the foresight to come together to form a collective and a single voice which would be far more effective against a large Local Authority. Instead, we are individual services being picked off one by one.

We are doing everything in our power to stay alive as a service that provides specialist care interventions for those going through the aging process. We have engineered a redesign and improvement programme which evidences our ability to change to meet the changing needs of our clients and the communities we serve. We are evidencing our effectiveness by capturing short, medium, and long-term outcomes of clients and families and we are beginning the process of research through partnerships with other organisations and academic institutions. We have reduced and streamlined our workforce, invested in training and ongoing development so that we now have some of the best trained and experienced staff in the region if not the country.

Is it enough, honestly, I am not sure, and I feel that is because as a service we are just not recognised or fully understood?

Is that because we have not been proactive enough as a collective?

Is it because there is a dearth of evidence and research around the whole subject of Day Care?

Is it because we are seen as an easy target because few people care what happens to the older generation and as a population, we do not want to think about the aging process?

Is it because as services we have not promoted what they do effectively?

The answer is probably a yes to all those things and as at the beginning of this presentation I started with an apology I end with an apology, as I was one of those individuals who did not recognise or value the contribution that day care makes to the care system and now that I do it might be a little too late!

FOOTNOTE

On the 10th June 2022, the Care Inspectorate in Scotland published their new 3 year strategy for Health and Social care. Sadly, Day care services for Older People are not mentioned, once!

Should it come as a surprise, maybe not, but it certainly supports my feeling that we are being misrepresented at the highest level.

Thank you so much for your time and I am happy to take questions you may have.

If anyone would like to visit or to talk further with myself or any of the staff about specific changes we have undertaken in detail (as I have left a lot of the finer points out of the presentation), please feel free to contact us or if you would like to discuss possible partnership working to share ideas and resources again, please contact us directly we would love to hear from you. Strength in numbers!

Ray Baird, CEO Braid Health and Wellbeing