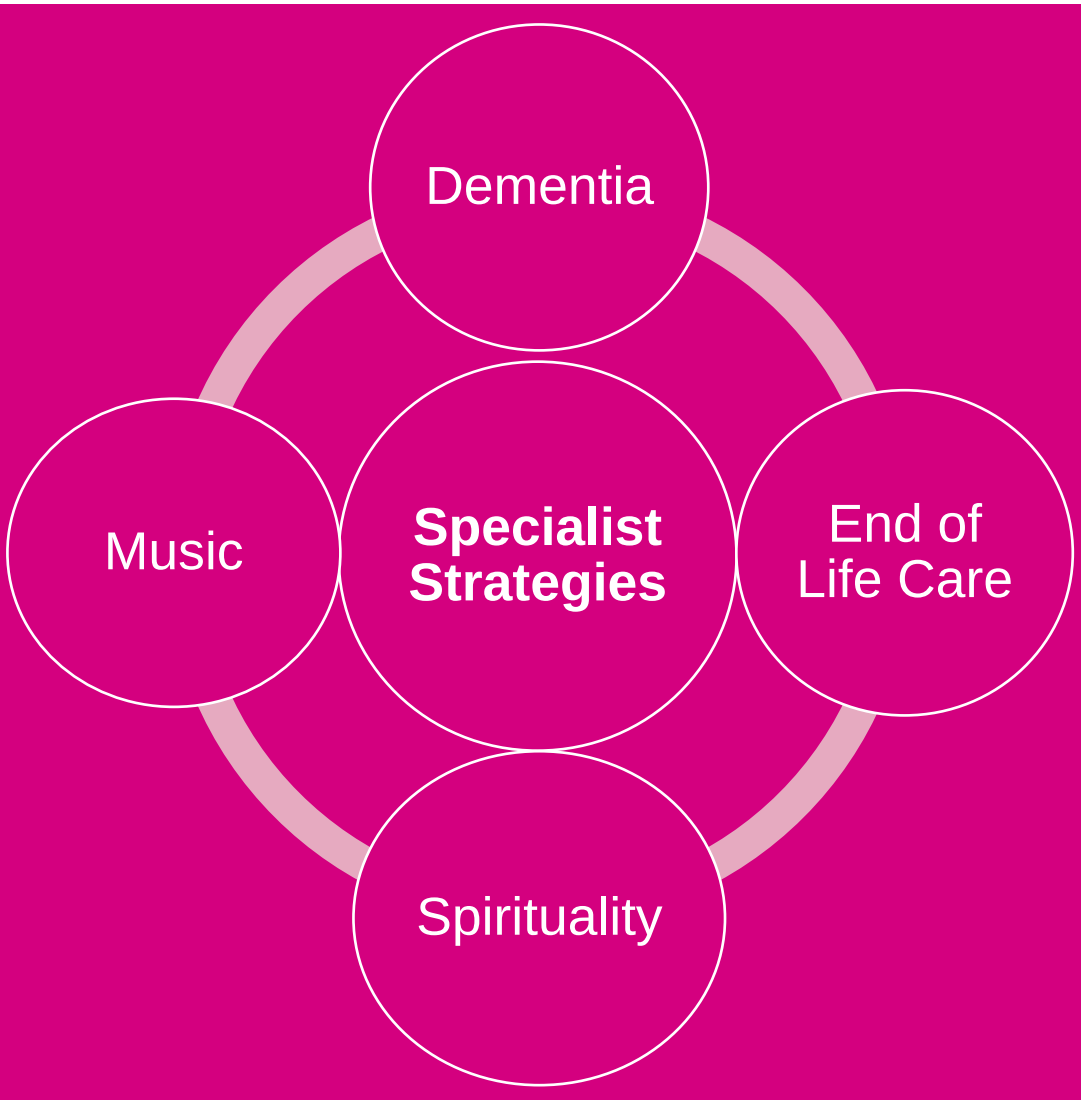
mha
Live later life well

August 2023

SPECIALIST STRATEGIES WORKSTREAM ANNUAL REPORT



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1.1 Foreword

MHA is recognised for and valued by a great many people because of its commitment to ‘go the extra mile’ in order to support those in later life. Our specialist strategies reflect this commitment and set out our ambitions for how we want to grow these services.

This first annual report describes the progress made across all the current specialist strategies to enhance the experience of care and support. There are considerable points of correspondence between the strategies, as you will find in the following reports. Good spiritual care contributes to good end-of-life care and our use of music aids the quality of life experienced by people living with dementia.

The specialist strategies fit under the MHA Strategic Pillar of Enhancing Later Life, which focusses our commitment to further enhance the care and support we deliver for older people across the UK. This annual report features highlights and is therefore limited; for a detailed, granular look at each of the strategies, please refer to each of the Strategy Leads.

The strategies help to ensure we achieve our mission to enable people to live later life well, through our values of respect, nurture and inspire. Our Vision for these strategies is that by 2025, we will have connected our communities; realising our potential as One MHA; increase our reach into local and national communities; and furthered the quality of care and support we provide to people in later life.

I hope that you will find the following pages to be inspiring and encouraging. Everyone who is connected to MHA should share in the pride we feel for all the excellent work done under all our specialist service strategies. There’s a lot more to do – but we have achieved an amazing amount in the first year of our collective reporting.

Chris Swift
Director of Spirituality & Chaplaincy
Lead of Specialist Strategies

1.2 Dementia

The Dementia Strategy was launched in October 2019. Within the strategy, six commitments were made to people living with dementia and their families/ friends. Its focus was on Uniting People Together; the person, their family/ friends, colleagues, and the community, so people are not experiencing dementia in isolation.

To see a detailed view of what the dementia strategy has achieved and what is to come, please refer to the *Dementia Strategy: Achievements and next steps* document by contacting David Moore. Below are some of the key implementations from just two of the commitments.

Progress

Commitment three: We will work in partnership with your family and friends to help them feel supported & involved.

We have offered training to family members through Coleman Training which aims to assist family members and give tips on how to support a person living with dementia, where they are living. This has proved to be successful.

Alongside this, a family advisory group has been set up which includes 12 family members of people living in an MHA care home. The aim is to ensure that families can contribute to improve dementia care at MHA through sharing their insights and guidance in meetings that take place every two months.

Famileo is a family newsletter that was launched in MHA in 2021 and allows family members to independently share their messages and photos in just a few clicks with their– helping people feel connected!

Various resources have also been published to support family and friends; many of which were published during the pandemic to support family members, when restrictions allowed to visit their family member living with dementia in the most safe and beneficial way for all.

Commitment Six: We will assist you to access spiritual support, meaningful music, and activities.

This commitment interlinks heavily with the other specialist strategies that are covered in this document.

We have provided a resource for all homes and schemes in relation to dementia and pastoral care; as well as working with Methodist Women in Britain (MWIB) to produce a pack of resources to help support the creation of dementia inclusive churches.

We have exceeded 100 editions of the Memory Lane Gazette, which acts as weekly reminiscence paper that residents and members can read it has multiple different ways of engagement.

We have connected with Alzheimer's Society to become a 'Singing for the Brain' delivery partner. The aim of this is the combine aspects of reminiscence and music by bringing people living with dementia together to sing a variety of songs they know in a fun and supportive environment.

We have also incorporated many robotic pets and dolls, that has only been possible through fundraising. Cardiff Metropolitan University developed the HUG, which is a soft, sensory object designed to be cuddled and bring comfort. It has a beating heart and can play individualised music to help with comfort.

Measuring Success

We have evaluated the dementia strategy through gaining verbal feedback from family members, residents (see below the quotation regarding the HUG) and CQC comments; as well quantitatively, finding out the number of colleagues involved in different initiatives.

Key Stats

99% of families who attended training stated that the training gave them **a much better understanding of dementia.**

60 members of staff are trained in **Singing for the Brain**

*"The **HUG dolls** have had such a positive impact on our residents living with dementia. At times of anxiety or distress the softness of the HUG and the feeling of being hugged often **alleviates distress."***

1.3 End of Life Care

The End-of-Life Care Strategy was launched in May 2021. It has continued to be supported by a dedicated team who all have a passion for supporting residents, relatives, members, and colleagues in their thinking about, talking about and planning for the best possible end of life care.

Progress

Commitment One: We will put you at the centre of your support and care, enabling you to make decisions as long as you are able, and ensuring comfort and peace at the end of your life.

At its best, end of life care is holistic and person-centred. We have provided guidance and suggestions for every home and scheme to create comfort boxes for residents. We are exploring further how music therapy can further enhance peoples experience at the end of their lives.

We are using focus groups to look at how the Final Wishes form can be changed to capture more about residents' individual wishes for the care they would like to receive.

Commitment 2: **We will ensure that death and dying can be talked about openly and sensitively in all our services and communications.**

This is about creating a culture in MHA where it is ok to talk about death and dying, where death is treated as a normal part of life. A revised Final Lap training is now being used across MHA. This has been made mandatory for all colleagues; to equip colleagues with the necessary skills and confidence and it also sends the message that talking about dying is normal.

We are producing a collection of resources to support colleagues facilitating conversations, in the style of Death Cafés, particularly appropriate for communities and retirement living.

We have amended the End-of-Life Care charter to include the impact death has on our colleagues and promising appropriate care for them too.

Measuring Success

End of life care is, by its nature, very hard to evaluate as the person receiving it is no longer with us to let us know how we did; and it's a hugely sensitive topic to raise with their family and friends. Therefore, much of our evaluation is in narrative form through case studies. We are also looking at place of death for care home residents, testing the

hypothesis that as end-of-life care improves, more residents will die at home rather than in hospital. This requires more data before drawing conclusions.

Case studies

End of life care and music - *'Ann' was over 100 when she started music therapy and had increasingly been isolating herself in her room. Initially Ann used familiar songs in her music therapy as a vehicle to reflect upon her life. As the sessions progressed her daughter remarked how Ann had 'come out of her shell' over the weeks I had been meeting with her and had started attending the home's many activities. As her therapy progressed Ann's physical health took a sharp decline. She became almost non-verbal and was sleeping for many hours of the day.*

However, during one session Ann woke to say that the guitar improvisation I had played her was 'lovely', and that she would 'think of that when I go to sleep'. Ann held religious beliefs throughout her life and when the time came the home's chaplain gave prayers of reconciliation and anointed Ann. Through working closely with the chaplain, we were able to create an appropriate playlist for Ann that she could listen to during her final days. Ann died, surrounded by her family.

End of life care in Communities - *It is very rare that communities staff are present when a member actually passes away, but on one occasion I was visiting a lady in respite on behalf of her family who were so far away and was advised her death was imminent. Her son then asked me to stay with her until he arrived, which I did, but he was too late. It gave the family peace to know she had been holding hands with someone she knew so well.*

Key Stats

2,735 colleagues (36%) completed of **Final Lap training**, as well as many volunteers. *(as of the beginning of March)*

Conclusion

When we're dying, it's often the little things that can make a big difference e.g., a listening ear, a cup of tea "just the way I like it". This only happens when we have had the courage to have the conversations, to discover the wishes of the dying person and to stay in the place of dying to accompany someone on their last great journey.

As we continue to make MHA a place where dying is not something to be feared or to hide from, we will enable more of our residents to live well and then, when the time comes, to die well.

1.4 Spirituality

The Spirituality Strategy was launched in S**eptember 2021.** MHA's commitment to spiritual care dates back to the foundation of the charity in 1943. In our 80th year that commitment finds new expression in our strategy for spirituality, which includes five key commitments to further our understanding and application of spiritual care. During the past year we have focused on the first three of these commitments.

Progress

Commitment One: We will ensure that the spiritual care we provide is person-centred and reflects the community in which it is provided.

We have developed a new equality impact assessment which has been implemented for each appointment of a chaplain. This ensures that we have chaplains with the right gifts, knowledge, and skills to serve the communities in which they serve.

We are convinced that promoting vibrant and caring communities lies at the heart of successful MHA homes and schemes. The pastoral and spiritual care provided by chaplains can be key to this, but so too is the commitment and passion of all our MHA colleagues.

Commitment Two: We will ensure that colleagues understand how everyone can contribute to the way spirituality is recognised and supported.

Over the past year we have implemented a programme of 'spiritual insights. This has involved a wide range of colleagues sharing a reflection about what spirituality means for them. These windows into spirituality have featured people who are atheist; Christian; agnostic; Hindu; Muslim and Jewish. It has enabled a wide cross-section of colleagues to hear from their peers what spirituality is and how it impacts on people's lives. Many of these insights received extensive and positive feedback.

We have created opportunities for people to see the range and diversity of spirituality. This in turn has enabled more people to see that the care and support they provide has spiritual value and impact.

Commitment Three: We will train, support and resource chaplains, ensuring that they are best placed to model MHA values and be ambassadors for holistic care.

While recognising the role we all play in spiritual care, chaplains have a particular responsibility for pastoral, spiritual and religious care.

In 2022 we developed and distributed new 'Professional Practice Development' portfolios. These folders enable chaplains to identify areas for their personal and professional development and keep an accurate record of the things that they learn. The new portfolios also enable an opportunity for chaplains to discuss their learning at annual review meetings with managers and Area Support Chaplains.

Measuring Success

For a range of reasons spiritual care can be hard to quantify. When it comes to chaplains, we are developing an approach that brings together the impact of professional spiritual care. There are four elements to this:

1. Our annual resident survey includes questions about contact with the local chaplain.
2. Our annual colleague 'Your Voice' survey includes information about the experience of chaplains.
3. Our chaplaincy 'Data Month' is now in its third year and provides key information about our chaplain's activities during one week in February.
4. Qualitative interviews with residents are now taking place to identify the aspects of chaplaincy which have the greatest positive impact for residents.

Key Stats

83% of residents said they felt **it was important that MHA provided a chaplaincy** and spiritual support service.

Conclusion

Considerable progress has been made in the Spirituality Strategy during the past year. The development of metrics is helping us understand the elements of chaplaincy that bring the greatest value, and this in turn will enable us to target future resources. Priorities for the next year include a greater use of chaplaincy volunteers to both support chaplains and enable a greater diversity of faith and belief in what we can offer.

1.5 Music

The Music Strategy was launched in November 2021.The commitments of the strategy are based on what residents, members, families, and colleagues said was important to them regarding the use of, and access to, music at MHA. In this report we have focused on the progress of the implementation of two commitments.

Progress

Commitment One: We will ensure that music is used effectively, to enhance mind, body, and spirit, ensuring that it is person-centred.

We have increased understanding of the power of music and the impact it can have through embedding the music therapy service in the weekly One MHA Induction ensuring that all new members of staff begin with a basic understanding of how they can use music and collaborate with the music therapy service. We are also part of the Monthly Activity Coordinator induction, and the more in-depth induction for new cohorts of international nurses.

We are developing a webinar conversation with Chaplaincy, so that we can appreciate our common experiences and seek to develop both of our practices.

We have welcomed support from the charity Purple Angels, who have committed to supplying up to 5 mp3 players to every MHA home. We are currently evaluating the effectiveness of this technology and assessing how they might be best used to support both environmental and individual music experiences.

Workplace is being used more effectively where regular posts about the use of music and music therapy in homes is being shared. The Music Therapy Workplace Group has recently been made ‘open’ and non-music therapists are being encouraged to join it and use the space to ask questions and contribute ideas.

Commitment Two. We will grow the music therapy service, ensuring that it is used to its best effect across the full range of MHA services.

We now deliver music therapy in 66 care homes.

We are currently participating in a research project, partnering with Middlesex University which involves taking music therapy into MHA Communities and Residential care. Data from this research will help us consider how we might be able to support members and colleagues living and working in these settings. The project is due to be concluded in Spring 2024.

We have collaborated with Digital Communities, making access to music therapy, and advice and guidance about music available to a much wider audience.
To deepen the understanding of how our Care Home colleagues can collaborate with, and use the positive impact of, music and music therapy, a new extended webinar is being developed which will explore how music therapy, and music, can support the wellbeing of residents and colleagues and be used to best effect in the residential setting.

The working model of the music therapy team has been changed in anticipation of using freed-up time to support the best use of music across MHA. The music therapy service has also participated in the development of the End of Life, Dementia and Spirituality Strategies, and contributed to the implementation of them, sharing an understanding of the central role that music plays across the life span.

Measuring Success

We have evaluated the music strategy thus far through quantitative means e.g. how many people are partaking in music therapy sessions or how many MP3 players have people across MHA got; as well as CQC comments and the residents survey. We hope to gain more knowledge from the Middlesex University project.

Key Stats

5586 Individual referred sessions delivered annually.

510 remote group **sessions** to homes in **lockdown**.

87% of residents said they had had the opportunity **to listen to or take part in music or singing.**

Conclusion

We look forward to developing and improving what we have already achieved over the next two years. With some projects due to be completed by the end of this year, we hope to see significant changes in the understanding, access to and use of music across MHA through 2024. We continue to face resourcing challenges and are considering ways to fund some of the more costly aspects of this strategy.

What we never lose sight of is the immense power that music has in increasing the lived experience of all the residents and members at MHA, of their relatives and our colleagues.

Green Care Strategy

The MHA Green Care Strategy was launched on 17th April 2023 with a significant amount of internal engagement across Workplace. As the Strategy has only just launched there is nothing at present to include in this report.

To access the Green Care Strategy, follow this link
https://www.mha.org.uk/about/strategy/green-care/

Status of Strategies

Outlined in the table on the next page is the Tracking Status of the Strategies. This rates the degree of achievement for each commitment, calculated by assessing the anticipated progress (AnPP) of the strategies in April 2022, and the actual progress (APP) of the strategies for End-of-life care, Spirituality and Music. The Commitments are outlined in the table, however in some instances they have been shortened, so to see the full commitments, please refer to the Strategies.

The Dementia Strategy was launched in 2019, and a refreshed new strategy is launching in 2023. For the status of the commitments relating to the Dementia Strategy, please refer to documentation from David Moore, in relation to what has been achieved and what the 2023 strategy is building on.

All Strategies can be easily accessed on the website by following https://www.mha.org.uk/about/strategy/

How progress has been worked out:

These percentages have been worked out by identifying how many implementation points have been completed; are in progress; or have not yet been started (under each of the commitments) with this has been divided by the number of implementation points under each commitment.

An example: End of Life Care – Commitment 1
- 4 implementation points. 1 has been completed and 3 are in progress.
- Completed = 1, In progress = 0.5, not started = 0.
- Calculation is 1 + 0.5 + 0.5 + 0.5 = 2.5/4 = 62.5%

Meaning of Acronyms

- EOLC = End of Life Care
- SP = Spirituality
- MU = Music,
- AnPP = Anticipatory Progress Percentage (%)
- APP = Actual Progress Percentage (%)
- Completion
- On track to completion
- Significant risks for completion

Strategy	Commitment	AnPP/APP
EOLC		
1	Put you at the centre of support and care, enabling you to make decisions, ensuring comfort & peace at EOL.	88 / 63
2	Ensure that death and dying can be talked about openly and sensitively in all our services and communications.	50 / 50
3	Support your family and friends for as long as is needed, helping them to say goodbye and celebrate your life.	83 / 83
4	Ensure colleagues and volunteers have the necessary attitudes, knowledge, skills, and support to care for you.	67 / 33
Total	**4 commitments**	**75 / 58**
SP		
1	Ensure spiritual care is person-centred and reflects the community in which it is provided.	100 / 100
2	Ensure colleagues understand how everyone can contribute to how spirituality is recognised and supported.	83 / 67
3	Train, support and resource chaplains, ensuring that they are best placed to model MHA values and be ambassadors for holistic care	88 / 50
4	Develop and encourage the role of volunteering within chaplaincy.	50 / 50
5	Ensure colleagues & relatives have moments to reflect & express/ explore their spiritual needs & support those they care for.	50/ 50
Total	**5 commitments**	**81 / 64**
MU		
1	Ensure music is used effectively, to enhance mind, body and spirit, ensuring it is person-centred.	75 / 75
2	Grow the music therapy service, ensuring it is used to its best effect across the full range of MHA services.	58 / 50
3	Ensure all our services have access to high quality music, digitally and in person.	83 / 50
4	Use music as part of our holistic approach in supporting colleagues and relatives.	83 / 50
5	Use music to further engage the wider community, deepening existing and new relationships, as One MHA.	25 / 25
Total	**5 commitments**	**66 / 50**

Why do the anticipated and actual progress differ?

1. **End of Life Care –** Slow progress and communication with organisations with which we are collaborating. Change in key members of the group, needing to focus on other aspects that have arisen, as well as limitations in team capacity.
2. **Spirituality –** Capacity of organisations with which we are collaborating. A pilot with an external organisation for training was found to be inappropriate for use in MHA. Progress has also been limited by capacity in the team.
3. **Music –** Lack of financial capacity to implement digital devices and surrounding resources and training; change in key members of the group; as well as limitations in team capacity.

Learning for the future

It is important to note that for some commitments it is straightforward to determine the precise level of progress. However, for other commitments, this comes with some difficulty due to the nature of the topic or the ongoing implementation of the commitment.

This is the first annual report for the specialist strategies and therefore there has been learning gained from this experience in how we present and gather information for future reports.

Future reporting on the Specialist Strategies will be done on an annual basis. To ensure ease and consistency in terms of projection of progress, quarterly check-ins with Strategy Leads will be undertaken, whereby information about progress will be sought. It is also expected that the way in which this report is presented will evolve.

The next Specialist Strategies Annual report will be completed in May 2024.