

INVERCLYDE JOINT CARE BOARD

MINUTE OF MEETING OF 19 AUGUST 2009 AT 2 PM

MUNICIPAL BUILDINGS, GREENOCK

Present: Councillors R Ahlfeld and J McIlwee (Chair) and Mr R Murphy (Inverclyde Council), Mr A Buckley and Ms S McCorry-Rice (Inverclyde CHP), Mrs N McFadden (Inverclyde Community Care Forum) and Mr R Taggart (UNISON).

Present Also: Mrs B Billings, Ms Y Goldie, Mrs M McConnachie and Mrs R McGhee (Inverclyde Council).

MINUTE OF PREVIOUS MEETING

The minute of the meeting held on 17 June 2009 was submitted and approved.

INVERCLYDE JOINT COMMUNITY CARE PLAN 2009-12

There was submitted a report by the Chief Social Work Officer (1) on the Inverclyde Joint Community Care Plan 2009-12, a copy of which was appended to the report, and (2) informing the Joint Care Board of key priorities for Community Care Services in Inverclyde over the next three years.

Ms Goldie gave a presentation on the Plan **(copy attached)**.

It was noted that there was an information sharing protocol between the partners in Inverclyde currently in place and endeavours were being made to establish secure links for the electronic sharing of information ahead of a government-led initiative.

The Board noted the contents of the Inverclyde Joint Community Care Plan 2009-12 and Ms Goldie's presentation.

CONSULTATION RESPONSE: FRAMEWORK FOR ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE AND WAITING TIMES FOR PERSONAL AND NURSING CARE

There was submitted a report by the Chief Social Work Officer on (1) the Scottish Government's proposal to introduce a national framework for eligibility criteria for adult social care services and standard waiting times for personal and nursing care and (2) the partnership's response to consultation around the implementation of the framework, a copy of which was appended to the report.

Mrs McConnachie advised the Board that it was likely the framework would be implemented from December 2009.

The Board noted the issues raised within the response to the Scottish Government's consultation document as set out in the report.

OLDER PEOPLES' CONSULTATION EVENT - PRELIMINARY FEEDBACK

Mrs McFadden reported on the "Live Life" older peoples' consultation event which she and Councillor McIlwee had co-hosted on 15 June.

The event had been very successful with 65 people attending. In addition to 22 stalls providing information, there had been five workshops (active & involved, health & social care, housing, finance and safety) with discussion topics relevant to older people. The event had enjoyed a high profile, with a CoSLA spokesperson as the guest speaker. A report on the outcome of the event had been prepared and any member of the Board wishing a copy of the draft report was advised to contact Rona McGhee. Copies of the full report would be made available to all members of the Board in due course.

Mrs Billings indicated that the relevant organisations could now give consideration to the main priorities which had emerged from the event which would assist in informing the development of a strategy for Inverclyde. It was anticipated that Inverclyde Elderly Forum would have a key role in this. During the course of discussion, reference was made to the importance of communication.

The Joint Care Board noted the preliminary feedback from the consultation event.

TALKING POINTS (UDSET) PERSONAL OUTCOMES APPROACH TO MEETING THE NEEDS OF COMMUNITY CARE SERVICE USERS AND CARERS

The Board heard a presentation by Ms Goldie on the User Defined Service Evaluation Toolkit (UDSET) which had been developed to improve practice through the application of user and carer defined outcome tools and to gather information for performance management, planning, commissioning and service improvement (**copy attached**). The importance of striking a balance between gathering information for planning purposes and service delivery was emphasised.

The Board noted the content of Ms Goldie's presentation.

APPENDIX 1

**INVERCLYDE JOINT COMMUNITY CARE PLAN
2009-2012**

AIM:-

- 'TO ESTABLISH THE FUTURE JOINT PLANNING OBJECTIVES IN THE DEVELOPMENT OF COMMUNITY CARE SERVICES FOR THE PEOPLE OF INVERCLYDE'

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The plan summarises the achievements to date, and future priorities for the provision of services to:-

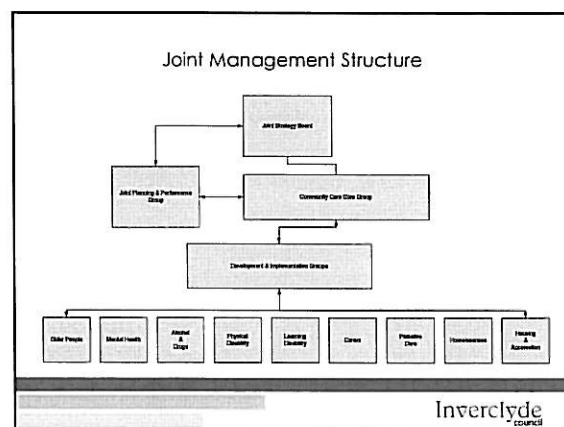
- Carers
- Older People
- People with Dementia
- People who have Physical Disabilities including Sensory Impairments
- People who have Learning Disabilities
- People who have Mental Health Problems
- People with Addictions
- People who are Homeless
- People with palliative care needs

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Community Care Services are planned and provided in partnership with:-

- Inverclyde Council – Social Work and Strategic Housing Services
- NHS Greater Glasgow and Clyde, Inverclyde Community Health Partnership, Mental Health Partnership, Acute Sector Inverclyde Royal Hospital, Rehabilitation and Assessment Directorate
- Housing Providers
- Providers of Care and Support Services in the private and voluntary sector
- User and Carer Groups
- Inverclyde Community Care Forum/Your Voice

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Main aims of the partners are to work together to:-

- Deliver more integrated and co-ordinated services
- Enable people to remain as independent as possible
- Support and maintain people in their own homes
- Facilitate inclusion in the community
- Make a positive impact on health and well-being
- Keep people safe from harm
- Improve service standards across all sectors
- Listen to service users carers and other stakeholders
- Ensure value for money

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Recent initiatives which have helped the partners deliver on our objectives include:

- Extending our Telecare and Telehealth provision
- Providing 32 very sheltered housing with care flats
- Developing single access to rapid response services
- Being selected as a pilot area for the Demonstrator for Older People's Housing Support, Health and Social Care Project
- Developing joint working between Occupational Therapy services and RiverClyde Homes linking housing modernisation and adaptations waiting lists
- Addressing the health needs of service users and carers through e.g. the Prevention and Support Nurses
- Expanding community based services to support inclusion and promote independence through, for example, day and employment opportunities.
- Implementing Multi-agency Vulnerable Adults procedures
- Developing a Short Breaks Bureau to improve access to respite services
- Redeveloping Gateways project to support sustained recovery for people with Mental Health problems

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Some of our joint priorities include:

- Redesigning services to facilitate the closure of Ravenscraig Hospital
- Reducing the number of inappropriate emergency admissions to hospitals
- Supporting care providers in order to improve and maintain standards of care
- Improving access to employment opportunities for those with community care needs
- Establishing Inverclyde Alcohol and Drug Partnership
- Supporting individuals to maintain and sustain their own tenancies
- Further developing services that maintain the health and well being of service users and their carers

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Listening to stakeholders:-

- Inverclyde Community Care Forum/Your Voice:-
 - Stakeholders Network
 - Events
 - Focus Groups
 - Individual Feedback
- Public Partnership Forum
- Agency and Providers Continuous Improvement

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Actioning the Inverclyde Joint Community Care Plan

- Development Groups and Strategies
- Monitoring and reviewing progress
- Being held accountable
- Listening

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APPENDIX 2

**TALKING POINTS/UDSET
PERSONAL OUTCOMES APPROACH
MEETING THE NEEDS OF SERVICE USERS AND
CARERS**

'Services should meet the needs of people. People shouldn't have to fit services. Social Workers should be allowed the time to get to know their clients really well, so that they really understand the different needs of each individual'

Changing Lives: Report of the 21st Century Social Work Review in Scotland

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Joint Improvement Team

Do Health and Social Care Partnerships Deliver Good Outcomes to Service Users and Carers? Development of the User Defined Service Evaluation Toolkit (UDSET)

Developed to:-

- Improve practice through the application of user and carer defined outcomes tools
- Gather information for performance management, planning, commissioning, and service improvement

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National Outcomes Framework for Community Care

This framework centres around four high level outcomes embracing wider agencies of Public Service Reform, *Changing Lives, Delivering for Health and Supporting People*.

These are:

- Improved Health
- Improved well-being
- Improved social inclusion
- Improved independence and responsibility

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Outcomes Important to Service Users

Quality of Life	Process	Change
Feeling safe Having things to do Seeing People Staying as well as you can be Living as you want/as you want Dealing with stigma/discrimination	Listened to Having a say Treated with respect Treated as an individual Responsiveness Reliability	Improved confidence and skills Improved mobility Reduced symptoms

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Outcomes Important to Carers

Quality of Life for the carer	Managing the caring role	Process
•Maintaining health and well being •A life of their own •Positive relationship with the person cared for •Freedom from financial hardship •Quality of life for the cared for person	•Choices in caring, including the limits of caring •Feeling informed/ skilled/ equipped •Satisfaction in caring •Partnership with services	•Valued/respected and expertise recognised •Having a say in services •Flexible and responsive to changing needs •Positive/meaningful relationship with practitioners •Accessible, available and free at the point of need

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Impact of focusing on outcomes

Work in Scotland since 2006 identified that staff:

- Welcome a move away from focusing on needs and services to outcomes
- Are wary of context of constant change, innovation, and improvement but recognise that 'outcomes' are here to stay
- Welcome opportunities to build relationship with users and carers
- Identify that in some ways an outcomes focus builds on existing good practice
- Recognise that this requires a shift in focus, recording of different information, and the development of systems to support this

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How tools support outcomes

Staff need to regard new forms and paperwork as tools that e.g.:

- Assist discussion
- Clarify outcomes
- Record decisions
- Brief providers
- Gain feedback
- Aggregate information for planning and evaluation

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Local Response

Phased approach:

Phase 1:

- Mapped current consultation work
- Piloting feedback form with outcomes questions

Phase 2:

- Developing paperwork in line with 'Talking Points/UDSET'
- Developing training for staff
- Developing SWIFT system to record data

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Challenges

- Can't underestimate the impact on staff in an ever changing policy context
- Staff want to provide the best service possible - we can't allow them to get bogged down in bureaucracy
- More bureaucracy could lead to poorer outcomes
- It takes time to put good systems in place
- We need to manage the phases outlined effectively and responsibly

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