

Report To: Community Health & Care
Partnership Sub Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/45/2013/BC

Contact Officer: Beth Culshaw
Head of Health & Community
Care
Inverclyde Community Health &
Care Partnership

Contact No: 01475 715380

Subject: Pilot Joint Inspection of Adult (Older People's) Services

1.0 PURPOSE

- 1.1 To inform members of the outputs and outcome of a pilot joint inspection of health, social work and social care services for older people carried out by the Care Inspectorate and Healthcare Improvement Scotland in Inverclyde.

2.0 SUMMARY

- 2.1 The Care Inspectorate and Health Improvement Scotland are currently developing a model for scrutiny of services for older people under section 115 of the Public Services Reform (Scotland) Act 2010
- 2.2 Three areas have taken part in a pilot, looking at different elements of the process being developed. The areas included Perth and Kinross, West Lothian and Inverclyde. The aim of the pilots was to evaluate processes and for the Care Inspectorate and Healthcare Improvement Scotland to be in a position to roll out joint inspections based on this work by August 2013.
- 2.3 This work was to test how an integrated, multi agency approach to inspection would work in practice and assess the methodology to support this as part of the National Integration of Adult Health and Social Care in Scotland agenda.
- 2.4 The aim of the inspection was to consider how well services are planned and commissioned by the partnership to enable people to be supported to enjoy full and positive lives in their own home or in a homely setting.
- 2.5 Ten areas of evaluation had been developed for the pilot joint inspection and of the ten areas, Inverclyde inspection team focused on :
- Key performance outcomes
 - Policy development and plans to support improvement
 - Partnership working
 - Leadership
 - Capacity for improvement
- 2.6 The pilot inspection process was evaluated by an external evaluation team, with members shadowing the work and also interviewing a range of participants after the inspection process was complete.

- 2.7 No formal inspection report was provided, but the report evaluates the strengths and improvements required to deliver integrated inspections for the future. The report will not be published by The Care Inspectorate and Healthcare Improvement Scotland and as this was a pilot inspection, future inspections may differ from this one.
- 2.8 Overall the report received determines that the Inverclyde CHCP delivers good outcomes for older people who use health, social work and social care services and carers who cared for older people. It also considers that Inverclyde CHCP is well prepared to implement the forthcoming legislation on health and social care integration.
- 2.9 An action plan has been requested based on the areas identified for improvement. Many of the areas identified are already included in current planning arrangements, and cross reference will be made to these plans.

3.0 RECOMMENDATION

- 3.1 Members note the contents of the report and support the ongoing monitoring and implementation of the action plan.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 In July 2012 the Care Inspectorate and Healthcare Improvement Scotland joined forces to introduce a multi agency approach to inspection for adult care and health as part of the Care Inspectorate corporate plan and strategic change programme and the Healthcare Improvement Scotland corporate plan and inspection plan (2011-2014).
- 4.2 This work would align with Scottish government policy developments for the integration of health and social care around the needs of individuals, carers and their families ensuring that people have the right kind of care at the right time in the right place.
- 4.3 Three pilot areas were identified, these being Perth and Kinross, West Lothian and Inverclyde. The purpose of the pilot areas was to test a joint inspection process for health and social care services for adults with an initial focus on services for older people.
- 4.4 Joint inspection teams were appointed with inspectors from the Care Inspectorate and from Healthcare Improvement Scotland.
- 4.5 A draft framework of quality indicators was developed and provided the basis for the joint inspection.
- 4.6 Each area was identified with different areas for inspection with the following being the focus for the inspection pilot in Inverclyde:
 - Key performance outcomes:
 - Improvements in partners' performance
 - Improvements in the wellbeing and outcomes for people, carers and families
 - Policy development and plans to support improvement in services
 - Partnership working
 - Leadership and direction that promotes partnership
 - Capacity for improvement

5.0 PROPOSALS

5.1 Particular Strengths

Inverclyde CHCP showed strengths where senior managers had a clear vision for the integrated structure and were working hard to realise their vision, showing a confidence that integrated CHCP structure would further advance operational joint working between health and social work services staff, and in time would improve positive outcome delivery to older people in Inverclyde.

Inverclyde CHCP had staff at all levels who were experienced, competent and highly committed to providing high quality services to older people in Inverclyde.

The current integrated structure means that the CHCP is well prepared for the forthcoming developments in health and social care integration.

Engagement of older people and their carers in the planning, delivery and evaluation of services is effective, meaningful and well supported. "Your Voice" and the excellent work carried out by its staff on engaging, motivating and involving older people in Inverclyde is cited as an example of good practice.

A number of operational developments were also highlighted in terms of good practice, including the re-ablement service, the work of the multidisciplinary team working on delayed discharges and the joint working by health and social work staff and development of joint education and training to support operational joint working.

5.2 General Outcomes for Older People

The level of home support provided to older people was shown to be higher than the Scottish average and this was seen to be a significant factor in the capacity of the CHCP to deliver good outcomes for older people. This was congruent with the views expressed by a focus group of older people.

It was noted however that there continues to be a relatively high number of older people supported in care homes.

A gap in service identified against the Scottish average was limited provision of overnight care available to support people in their own homes.

During the inspection around 50 older people who use services and carers who care for older people were contacted. A high number intimated that services had delivered a range of positive personal outcomes.

5.3 File Reading

30 files for people in receipt of health, social work and social care services were identified and examined by the inspectors and scored against a template to assess the quality of record keeping and clarity of purpose and outcomes for service users.

The overall results were positive with appropriate outcomes being delivered. This was reflected in evidence gathered from service user and carer focus groups, but outcome recording in care plans was limited and improvement is required.

An improvement driver that should be implemented is development and efficient use of the single shareable assessment.

5.4 Views from service users and carers

The inspectors met with around 50 older people who used health, social work and social care services and carers who cared for older people.

A high proportion of people said that services delivered a range of positive outcomes to them, with examples being highlighted within the report. Overall the inspectors considered that the CHCP's involvement of older people and their carers was excellent with many people being involved in consultation and service planning.

Carers reported receiving emotional support, advice, guidance and respite, with a high input from the Carers Centre. A small number of carers expressed dissatisfaction with the support they received.

5.5 Performance

Internally provided services have achieved good inspection grades and the Care Inspectorate's views were that in general services managed by the CHCP deliver good outcomes for older people and carers who care for older people.

Regulated services purchased by the CHCP achieve good inspection grades and inspectors consider that the CHCP takes robust remedial action in respect of poorly performing regulated services, and the inspectors commended the competency and effectiveness of the CHCP commissioning team.

5.6 Examples of Good Practice

Inverclyde CHCP has made good progress in relation to reducing the number of bed days lost due to people being delayed in hospital when they were fit for discharge, and has reached the target of having no one delayed over 6 weeks. The Inverclyde figures were the best of all CHCP areas within NHS GG&C Health Board area.

Development of a re-ablement service, realignment of social work services to link social workers to hospital wards, provision of a rehabilitation and enablement service following discharge and close performance management of all processes by senior managers contributed to the positive position in relation to delayed discharges.

5.7 Areas for Improvement

Emergency admissions of older people to hospital continue to be at a higher rate than the Scottish average.

The inspection process identified a number of areas that should be considered when addressing this issue of emergency admissions. These included:

- response to older people who fall and development of falls prevention measures
- facilities and procedures within A & E to be reviewed at Inverclyde Royal Hospital (IRH)
- issues pertaining to medication prescribed to older people. Care homes were unable to manage the challenging behaviour of some older people who had functional or organic mental disorders

A high number of older people are supported in care homes in the Inverclyde area and a number of salient factors emerged through the inspection including:

- unpaid carer breakdown
- lack of day care provision
- unsuitable houses and the related difficulties adapting houses to meet the needs of vulnerable older people due to topography challenges.

5.8 Policy Development and Plans to Support Improvement in Services

Overall the inspectors considered that the strategies they reviewed were well integrated, comprehensive and indicative of extensive consultation and involvement with older people who used health, social work and social care services and carers who cared for older people.

A number of audits and reviews had been carried out focusing on older people. Recent service redesigns had also been undertaken including home care services, mental health services for older people, and development of an effective re-ablement service.

5.9 Partnership Working

Inspectors considered that as a result of constructive developments in budget reporting, accountability and joint financial planning, the Inverclyde CHCP was in a strong position in respect of the financial aspects of preparedness for health and social care integration.

Issues relating to information sharing were identified as being a problem, including access to different IT systems by staff from each agency and linking of IT systems across acute and community services. This is an area that requires to be considered for improvement.

The older people's joint commissioning plan outlined plans for development and service redesign, together with targeted performance on areas. The plan outlined the implications of demographic changes and the challenges associated with deprivation and ill health. It covered effectively what was in place now and the priorities for change and investment. It did not provide a market analysis and did not explicitly discuss the role of the private sector, nor what will be required from the sector in future years.

5.10 Leadership

The inspectors met with elected members, the Director of the CHCP, the Clinical Director of the CHCP, Senior Managers and a range of operational staff as well as service users and carers.

Overall there was a clear vision for the CHCP and a strong commitment to the creation and development of an integrated CHCP. Most staff expressed generally positive views about the leadership they received from the CHCP director and senior management team.

Older people and carers considered that the director and other managers, were visible, approachable and they listened to the views of older people and carers.

Inspectors found that constructive and effective leadership of change and improvement was not restricted to senior managers within the CHCP, but evident throughout the CHCP. The scrutiny found a number of examples of constructive and effective clinical leadership from senior managers and other managers within the CHCP.

5.11 Capacity for improvement

In determining capacity for improvement, the following areas were considered:

- outcomes for older people and their carers
- performance management and improvement activity
- leadership
- preparedness for health and social care integration.

From scrutiny activities it was found that Inverclyde CHCP delivers good outcomes for older people who use health, social work and social care services and carers who care for older people.

There are a number of examples of effective performance management carried out within the CHCP.

Senior managers within Inverclyde CHCP exercised vigorous and purposeful leadership. Their leadership was underpinned by a clear vision of the added value generated by the creation of an integrated CHCP. There was evidence that effective leadership was not confined to senior managers within the CHCP, but extended throughout the management tiers to first-line manager level.

Older people and carers contributing to the inspection process attested to the fact that CHCP managers were visible, approachable and responsive to the views expressed by older people and their carers.

Inspectors considered that Inverclyde CHCP was well prepared to implement the forthcoming legislation on health and social care integration.

5.12 Summary of Areas for Improvement

The CHCP will be asked to submit a short action plan covering the following identified areas for improvement:

- Care plans prepared for older people needed to be outcomes focused.

- Facilities in Inverclyde Royal Hospital (IRH) accident and emergency department and procedures and protocols to be reviewed in order to prevent unnecessary admissions of older people to an acute ward.
- There was no overnight care and insufficient day care available for older people.
- Electronic information sharing between the CHCP's health staff and social work services staff to be improved.
- Communication between senior managers in the CHCP and front-line staff merited consideration of how it could be improved.
- GPs and acute sector clinicians needed to be afforded more opportunities to exercise clinical leadership for the work of the CHCP.

5.13 Conclusion

Overall the inspectors considered the inspection to be very positive and that the Inverclyde CHCP's capacity for improvement was good.

This was a pilot inspection and a report will not be published and the evaluation process will inform the model to be developed for future joint inspections of services. The evaluation report is not yet available.

The action plan will link to work already under way through the Change Plan, the Older People's Commissioning Plan and service redesigns, with the specific areas identified within this report being addressed through the newly constituted, overarching Reshaping Older People's Group within the CHCP.

6.0 IMPLICATIONS

6.1 Legal: N/A

6.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

6.3 Personnel: N/A

6.4 Equalities: N/A

6.5 Repopulation: N/A

7.0 CONSULTATION

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

8.1 Report of Pilot Joint Inspection of Adult (Older People's) Services