

Report

Joint Inspection – Older People

Edinburgh Integration Joint Board

20 January 2017



1. Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board (IJB) on the joint inspection of services for older people by the Care Inspectorate and Healthcare Improvement Scotland, which occurred between August and December 2016.

2. Recommendations

2. It is recommended that the IJB:
 - Notes the key areas associated with early consideration for improvement from the professional discussion with Inspectors, the staff survey and file reading processes.
 - Accepts the report as assurance that the Edinburgh Health & Social Care partnership (EHSCP) is taking a whole system approach to improve on the significant elements identified throughout the year, and during the inspection itself.
 - Supports the EHSCP outline Action Plan, which has provided a strong foundation for improvement moving forward.

3. Background

3. The Public Bodies (Joint Working) (Scotland) Act 2014, gave the Care Inspectorate and Health Care Improvement Scotland the duty to undertake joint inspections, with specific requirement for:
 - reviewing and evaluating the extent to which the independent health and care service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes
 - reviewing and evaluating the extent to which the planning, organisation or co-ordination of services provided by an independent health care service and social services is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes
 - reviewing and evaluating the effectiveness of a strategic plan prepared under section 23 of the 2014 Act in complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,
 - encouraging improvement in the extent to which implementation of a strategic plan prepared under section 23 of the 2014 Act complies with the integration

delivery principles and contributes to achieving the national health and wellbeing outcomes, and

- enabling consideration as to the need for any recommendations to be prepared as to any such improvement to be included in the report

4. Below is the outline of the Draft Quality Indicators against which our services for older people were inspected:

DRAFT - Quality Indicators

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders through person centred approaches?	How good is our joint delivery of services?	How good is our organisational management in partnership?	How good is our leadership?
1. Key performance outcomes	2. Getting help at the right time	5. Delivery of key processes	6. Policy development and plans to support improvement in service	9. Leadership and direction that promotes partnership
1.1 Improvements in partnership performance in both healthcare and social care 1.2 Improvements in the health and well-being and outcomes for people, carers and families	2.1 Experience of individuals and carers of improved health, wellbeing, care and support	5.1 Access to support 5.2 Assessing need, planning for individuals and delivering care and support 5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks 5.4 Involvement of individuals and carers in directing their own support	6.1 Operational and strategic planning arrangements	9.1 Vision, values and culture across the partnership
	2.2 Prevention, early identification and intervention at the right time		6.2 Partnership development of a range of early intervention and support services	9.2 Leadership of strategy and direction
	2.3 Access to information about support options including self directed support		6.3 Quality assurance, self evaluation and improvement	9.3 Leadership of people across the partnership
	3. Impact on staff		7. Management and support of staff	10. Capacity for improvement
	3.1 Staff motivation and support		7.1 Recruitment and retention	10.1 Judgement based on an evaluation of performance against the quality indicators
4. Impact on the community	7.2 Deployment, joint working and team work			
4.1 Public confidence in community services and community engagement	7.3 Training, development and support			

5. An outline report was presented to the IJB in September 2016, outlining in detail the approach to the joint inspection, the ten domains being inspected along with the time line and process of the inspection. Key elements of the inspection have included:

- Collating and sending to the Inspection Team, over 600 pieces of evidence against the position statements submitted in advance
- Case file reading for 100 people receiving/have received both health and social care interventions
- Follow up of a proportion of case files, with interviews of people receiving services, carers, staff and managers providing services and supports
- A staff survey, which staff had the opportunity to complete electronically or in hard copy version
- Scrutiny week, which has included around 80 interactions across the partnership, of either observation of a group, a specific focus group, or individual interviews, with a wide variety of staff, managers, key leaders,

members of the IJB and key third and independent partners being involved, to the effect of around 350 people attending the 80 sessions arranged

- A series of four professional discussions with the Inspectors, throughout the process, providing feedback on the staff survey, file reading and early considerations for key areas for improvement

6. Our position statements against the ten Draft Indicators were developed with partners, and circulated to the IJB in September 2016. Based on this assessment key areas for development and improvement were highlighted, along with actions underway to address these areas. The Inspection grades and the partnership assessment of our position against the indicators is highlighted below, and it will be this system that is used to report back on each of the indicators by the Inspection Team:

- Grade 6 – Excellent
- Grade 5 – Very good
- Grade 4 – Good
- Grade 3 – Adequate
- Grade 2 – Weak
- Grade 1 – Unsatisfactory

	Indicator	EHSCP Self Assessment Grade
1.	Key performance outcomes	3
2	Getting Help at the right time	3
3	Impact on staff	3
4	Impact on Community	3
5	Delivery of Key Processes	3
6	Policy Development and plans to support improvement in service	3
7	Management and support of staff	3
8	Partnership working	4
9	Leadership and direction that promotes partnership	4
10	Capacity for improvement	4

7. An outline of the early considerations for improvement from the December 7th professional discussion with Inspectors, was discussed briefly at the December 16th IJB Development session, with this full report following.

4. Main report

Early Consideration on Areas for Improvements

8. Feedback from the Inspectors, based on the professional discussion of 7th December 2016 for Indicators 1 - 8, are significant and consistent with the areas for improvement that the partnership identified in the development of the position statements. It was clear during the development of the position statements and the identification of improvement action underway, there were a number of legacy issues to resolve, including:
 - access to assessment in the community
 - tackling delays from hospital
 - implementation of the Locality Hub and Cluster model to address needs in a different, more local way, with a changing, reduced resource

9. During the inspection process, it became clear that as well as access to support highlighted above, other key areas for improvement included:
 - the quality of assessment, care management and record keeping
 - application of risk assessment and planning

10. A formal Improvement Plan is in the process of being developed to reflect the ongoing actions that were already underway and the immediate feedback from the professional discussions, the Staff Survey and file reading exercise, and are summarised below. The full Improvement Plan will be presented to the IJB in March 2017, following receipt of the Draft Report in February 2017, to reflect the most up to date position, showing clear owners and timelines for improvement, along with a risk register.

11. There has been no feedback as yet on Indicators nine and ten; *Leadership that Promotes Partnership* and *Capacity for Improvement* respectively. However, it was recognised by Inspectors where the partnership was regarding the scale of change associated with Phase 2 of the Transformation Process, and the subsequent shift to Locality based operating units through the Hubs and Clusters.

Professional Discussions – Areas for Improvement

12. The table below highlights a summary of those key areas for improvement highlighted at the professional discussion in December, and the key whole system actions that are already underway, which aim to assure the IJB of a whole system approach to improvement against the Indicators:

Indicator	Area for Improvement	Action Underway
1 & 2	Delayed discharge/emergency admissions	<p>Flow Board Work streams:</p> <ul style="list-style-type: none"> • Discharge- Therapy; Social Care; Guardianship; Criteria Led Discharge • Admission Avoidance – Falls, Anticipatory Care plans, Key Information summaries • Capacity building with additional hours through the new care at home contract and spot purchasing to boost availability during the transition
	Intermediate Care in residential and hospital settings	<ul style="list-style-type: none"> • Interim use of Liberton: Business case being developed – future community investment • Gylemuir: quality improvement plan in place • Clarity around regulation of potential mixed function facilities for the future • Capacity and demand work will provide review of service delivery model • Rehabilitation work stream in pipeline for Flow Board
	Anticipatory care planning	Flow Board work stream

Indicator	Area for Improvement	Action Underway
1 & 2	Further implementation of SDS for older people	<ul style="list-style-type: none"> • Introduce updated Edinburgh SDS guidance, in line with national guidance and financial scheme of delegation consistently • Actions from Internal audit underway • Flow Board work stream: Support Planning & Brokerage • New Care at Home contracts have requirement to apply SDS approach
	Palliative care	<ul style="list-style-type: none"> • As hosts for the specialist hospice services, Edinburgh has reenergised a focussed approach • Edinburgh will have a key role in the Palliative Care and End of Life MCN development of the Lothian Framework • Edinburgh multiagency palliative Care Implementation Group will be convened Feb 2017 • Edinburgh in house care provision being released to support End of Life Choices work stream, with community Nurses working with Home Care to enhance End of Life Care

Indicator	Area for Improvement	Action Underway
3 & 4	'Transformation' and Localities	<ul style="list-style-type: none"> • Alignment of the partnership Transformation with the Council will occur through the Locality Hub and Cluster model, which will allow redesign to occur, and strengthening partnership with citizens, and wider community planning partners • The restructuring has been mindful to ensure assessment and care provision is met across health and social care • Localities are the key development to ensure population needs are met, providing better population intelligence and links with wider locality planning partners, as well as links with strategic plans • We will maintain interactive JSNA process, on a locality basis, informing our Market Shaping Strategy
	Relationship with other stakeholders(e.g. Housing, third and independent sectors)/ Locality commissioning	<ul style="list-style-type: none"> • All stakeholders linked in to the emerging locality infrastructure, as well as at strategic planning level • New care at home contract encouraging innovation and facilitating a reablement approach for providers • Links with housing strengthening and key with Technology Enabled Care role (e.g. Balckwood Housing test of Change and 'Lively' kit being used to assess need at home) • The partnership are supporting the key role and contribution of housing through strategic planning partnership memberships, and the establishment of a Housing, Health & Social Care Planning Partnership

Indicator	Area for Improvement	Action Underway
5 & 6	Overall access to support Quality of assessment and care management including risk assessment and planning	<ul style="list-style-type: none"> • Multi agency Team dealing with backlog of community assessments, - complete end March 2017. Then as Test of change undertake reviews • Data clean up underway • Case recording and application of risk assessment to determine updated guidance. (e.g. use of chronologies) • Induction workshops to ensure consistent application of guidance and good practice • Development of single assessment • Optimise current IT capability to enhance case recording • Streamlining decision making processes to empower front line staff through devolved budgets • Clear performance targets and accountability framework • Business, quality and performance, transformation and project management supports allocated for localities • Professional systems now in place that regularly monitor quality of case recording to allow managers to target improvements

Indicator	Area for Improvement	Action Underway
7 & 8	Joint Budgeting (inc. Capital) Financial Risks	<ul style="list-style-type: none"> • For partnership capital asset requirements, priorities are being addressed through the joint asset management group between the NHS and Council, to influence Capital Strategies • The Financial Plan is clear, with financial risk reported and managed through current governance processes • Finance Board being established, with clear Terms of Reference
	Joint IT strategy	<ul style="list-style-type: none"> • The ICT Steering Group identify key priorities through a single work programme and will establish task and finish groups to ensure connectivity is improved, current IT systems are optimised, and documents improved

Feedback on Staff Survey & Areas for Improvement

13. As part of the Inspection, a Staff Survey was conducted. A total of 3,301 staff members across health and social care were asked to complete the survey, with the option to complete electronically or on paper, with our staff inputting the data. A total of 933 staff completed the survey (28%). This is considered to be within the normal range of a survey return. The survey was based upon the ten Indicators being inspected. ***The full Staff Survey Report can be requested in advance of the meeting by IJB members.***

14. The methodology associated with the Staff Survey included staff being asked to agree or disagree with a number of statements about their work in their service. Topics were aligned with the Indicators and included:

- Key performance outcomes;
- Impact on older People and carers;
- Impact and management of staff;
- Community wellbeing;
- Delivery of key processes;
- Policy development and partnership working; and
- Leadership and direction.

15. The majority of questions in the survey asked for a response to statements on the following agree/disagree scale, however it should be noted that on one version of the survey, rather than 'don't know', the availability of a 'not applicable' response could be applied:

- Strongly agree
- Agree
- Disagree
- Strongly Disagree
- Don't know

16. It should also be noted that in the draft analysis, the 'don't know' and 'not applicable' responses have been counted together and included alongside the negative component with the 'disagree' and 'strongly disagree' component. It has been suggested to the Inspectors that statistically this is likely to skew the overall negative response.

17. A wide range of staff completed the survey. Included within the 'other' category were a variety from, allied health professions, porters, business support, psychologists to medical staff across hospital and community settings, and some of our third and independent partners. The highest numbers of respondents were from the following groups:

- Social Care Worker/Social Care Assistant: 19%
- Other: 10%
- Occupational Therapist: 8%
- Social Worker: 8%
- Physiotherapist: 6%
- Manager/Senior Manager/Care Manager/Case Manager - Area Team: 4%

18. As well as responses against the key questions, there is a breakdown available in the analysis between Local Authority, NHS and 'Other' Staff groups.

19. Some of the **less positive responses**, and areas for improvement were received in the following indicator areas:

- Quality of service has improved over the last year
- Sufficient capacity in the service to undertake preventative work
- Joint eligibility criteria for services which are consistently applied (it should be noted that the only area where NHS criteria exist is for Hospital Based Clinical Complex Care)
- Joint teams respond within agreed organisational timescales
- Effective systems for allocation and management across the partners/teams
- Views of service users/carers and staff are taken into account when planning services
- Service consults with diverse local communities
- Senior managers communicate well with front line staff
- Changes which affect staff are managed well

20. Some of the **more positive responses** were seen in the following indicator areas, with some responses being reported as rating higher than the national average:

- Communication with service users
- Working well together to support people's capacity for self care/,management
- Staff enjoy their work
- Staff feel valued by other practitioners and partners
- Access to effective line management (regular profession/clinical supervision)
- Working relationships with other professionals
- Joint working is supported and encouraged by managers
- Range of risk assessment tools for use
- Service regularly evaluates its work and takes appropriate action for improvement

Immediate and Ongoing Actions for Improvement include:

- The implementation of the Locality Hub and Cluster model and structures to ensure most effective quality, timely response for people, from the collective resource, ensuring best use of available resources, and more effective communication with front line staff about changes that affect them
- The implementation of Locality Planning processes, to ensure local communities, service users and carers are more effectively involved and engaged in service improvements and changes
- The Capacity and Demand work being undertaken for older people, to determine the new shape of provision across the partnership, and the implementation of the associated Strategic Plan actions relating to models of care being reviewed
- The establishment of the Professional Practice Forum approach for each of the professions, and across the professions, to ensure a cohesive and consistent approach to quality and workforce matters
- The establishment of the partnership Workforce and Development Steering Group, to develop the Workforce Strategy, that will include workforce planning

Feedback on File Reading & Areas for Improvement

21. The file reading process entailed around 1,000 service users of both health and social care services being randomly selected by the partnership, with the Inspection Team then selecting 100 cases to read during file reading week. The profile of cases included:

- 48% with a physical disability, or were physically frail
- 31% had dementia or cognitive impairment
- 4% had alcohol or substance misuse problems
- 8% had a learning disability
- 2% had a mental health problem

22. The work involved in getting the records in one place, from various sources; Social Work, Hospital, GP, Care Home, and community health, was significant, as was the requirement to accommodate a large team of Inspectors and internal file readers in library conditions, with access simultaneously to both SWIFT and

TRAK systems. ***The full File Reading Report can be requested in advance of the meeting by IJB members.***

23. Key areas being looked at during file reading included:

- Case type recording, including use of chronologies
- Person centred care – needs assessment and support offered
- Risk – protection and non protection risk
- Care planning
- Delivery of care and support
- Service user involvement
- Ceres needs
- Personal outcomes

24. Areas that were found to be **less positive** included:

- Lack of chronologies
- Level of appropriate recording
- Supervision discussions recorded
- Assessments on file
- Consent to share information/sharing information
- Not always offering independent support or advocacy where appropriate
- Not always offering SDS options
- Risk assessment and management plans not always on file/concerns not always dealt with adequately – there were 4 potential adult support and protection cases brought to the attention of managers, that were successfully concluded, during the file reading process
- Lack of comprehensive care and support plans linked to desired outcomes
- Services not meeting needs of individuals, with lack of access on many occasions
- Lack of regular reviews
- Taking account on individual's views in care planning
- Carers not always offered a carers' assessment / training to continue to support them caring
- For one in three individuals there was evidence of poor personal outcomes

25. Some of the key elements found to be **positive** included:

- The quality of needs assessment on file and range of professionals contributing
- Early intervention and/or preventative options considered
- Support to self manage conditions/care discussed with individual
- Support care planning
- Where applicable, services have worked together to provide care at times of crisis
- Positive personal outcomes were achieved for most individuals

Immediate and Ongoing Actions for Improvement for Files Include:

- The original records in the File Reading Exercise are being reviewed. This is being co-ordinated through the Chief Social Work Officer to support Social Work Leads in the Localities to improve these
- A more robust application of the agreed quality assurance standards through the common practice of supervision across Social Work
- A cohesive and consistent multi professional approach across the Social Work, Nursing, Allied Health Professional and Medical professions, in order that people understand their roles and responsibilities for files, through a Professional Practice Forum approach
- Undertaking a gap analysis of training and awareness requirements for record keeping across the professions, with targeted provision for improvement
- A cohesive and consistent approach to the review of the use of chronologies, being led by the Chief Social Work Officer
- A multiagency approach to develop a single and proportionate assessment

Next Steps

26. Below are the key steps going forward:

- The Draft Report for the Inspection Team, with recommendations, will be available to the partnership no later than the third week of February 2017
- The partnership have two weeks to review the Report for accuracy, and to determine whether some of the evidence already submitted may mitigate areas identified for improvement. The partnership Improvement Plan will be updated at this point to reflect the content of the Draft Report
- The formal Report will be finalised by the Inspectors and published mid March 2017
- The partnership will receive a pre publication version for preparation of publicity and briefing key members of the IJB
- The published Report will come forward, with the full Improvement Plan to the Integrated Joint Board, the Housing, Health & Social Care Committee and Clinical & Care Governance Committee

27. It has been raised with the Inspectors that the focus on feedback within the professional discussions seems to be on social care services, with a view that the report itself will provide more comment on the NHS elements.

28. Meantime, as mentioned above, the key actions for improvement already underway will continue to be driven forward by the Chief Officer, the Executive Team, Chief Social Work Officer and Senior Managers and Practitioners. The Improvement Plan will come forward to the IJB in March 2017.

29. Additionally, members of groups who have participated in the inspection, and the small team who have taken a lead role in organising the staff survey, file reading, follow up sessions and scrutiny week, are being asked their thoughts on both our partnership internal processes, given this is our first joint inspection in adult

services, and the experience of the external inspection process. This feedback will formulate the partnership response that the Inspection Team will request from us in the new year about the process.

5. Key risks

30. Our key risks and mitigating action will be identified as part of the formal Improvement Plan, and are an integral part of the Flow Board work streams, and the other key work streams identified, and include:
- Access to assessment and the implications of support required to improve outcomes, for those both in the community and hospital settings, placing a financial risk on the partnership to meet this unmet need, and failure to meet agreed targets
 - Reputational risk associated with the areas for improvement that may have an adverse impact for service users, and the potential work force
 - Workforce not feeling supported and informed enough to support the changes underway
 - A delay in implementing the Hub and Cluster model as part of Phase 2 Transformational change

6. Financial implications

31. There are implications arising from the improvement plan actions that have cost implications, and these are being taken to the City of Edinburgh Council's Corporate Leadership Team for immediate attention.
32. Additional cost implications will be worked up as part of the Improvement Plan.

7. Involving people

33. There will continue to be involvement of as many health and social care staff, third sector, housing and independent partners as possible, as well as engagement with carers and service users as part of the overall process of improvement, through locality and strategic planning processes agreed by the Strategic Planning Group.
34. Communications with elected members, non executive members, IJB members, wider staff and stakeholder groups, as well as the public will be required to be managed in order that a balanced view is provided about the areas of good practice and improvement.

8. Impact on plans of other parties

35. Key learning will be applied to all care groups in the EHSCP going forward.

Background reading/references

Public Bodies(Joint working) (Scotland) Act 2014:

[http://www.parliament.scot/S4_Bills/Public%20Bodies%20\(Joint%20Working\)%20\(Scotland\)%20Bill/b32bs4-aspassed.pdf](http://www.parliament.scot/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32bs4-aspassed.pdf)

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Links to actions in the strategic plan

All actions in the strategic plan will be affected by recommendations from the inspection about how we can further improve our approach to meeting the strategic actions for older people, and more integrated working.

Links to priorities in strategic plan

All priorities in the strategic plan will be affected by recommendations from the inspection about how we can further improve our approach to meeting the strategic actions for older people