

## PERTH AND KINROSS COUNCIL

Housing and Health Committee – 29 January 2014  
Scrutiny Committee - 12 February 2014

## First Joint Inspection of Older Peoples Services

## Report by Executive Director (Housing and Community Care)

**PURPOSE OF REPORT**

This report describes the key findings of an inspection of the quality of Health and Social Care services for Older People in Perth and Kinross, carried out by the Care Inspectorate supported by Health Improvement Scotland – in to the quality of Health and Social Care.

**1. BACKGROUND / MAIN ISSUES**

In late 2012, the Care Inspectorate determined to conduct a series of Joint Health and Social Care Inspections in relation to Older Peoples Services – in order to test the quality of integrated working between Councils' Community Care Services and Older People Services provided by their local Community Health Partnerships. In the knowledge that this would produce learning for both the relevant agencies and for the Care Inspectorate, this Council offered itself as a test site for the proposed inspection methodology. This offer was duly accepted.

The inspection was conducted by a team of four Inspectors drawn from the Care Inspectorate and Health Improvement Scotland by the Senior Inspector, Richard Fowles, of the Inspectorate. The inspection itself comprised various elements, as follows:

- An inspection of the files of some 30 people in receipt of services from both Health and Social Care agencies. (This part of the inspection was conducted as a partnership exercise with readers drawn from both the Inspectorate and from local Health and Social Care teams)
- Feedback from Service Users/Carers
- Consideration of local performance against selected national performance indicators
- Consideration of a substantial body of evidence submitted by both Perth and Kinross Council and the Community Health Partnership in relation to strategy, policies and the development of new practice
- Meetings with a range of staff in the statutory and independent sectors

The Inspectorate were aware that a shadow Health and Social Care Partnership was already in place. A key function of the Inspection was to establish the extent to which this body and the Change Fund Board to support the Reshaping of Care for Older People were making a positive impact. The inspection process took place between late January and early March 2013 and the final report has been received by both the Council and Community Health Partnership – the findings of which are already being acted upon.

## **Key findings from the inspection**

The Inspection team found that, overall the shadow Health and Social Care Partnership's capacity for improvement was good. The key factors which led the Inspectorate to this conclusion were:

- The Partnership's clear vision and sense of direction
- The work that had been undertaken in preparation for Health and Social Care Integration, including the development of an Integrated Resource Framework
- Recent evidence of service development and a strong focus on Community Engagement and Capacity Building
- The strong commitment of the workforce and the positive approach to partnership working between key stakeholders.

The Inspectorate also noted however, that the partnership should take account of:

- The importance of identifying a mechanism which supports the joining up of existing IT Systems
- The need to give further consideration to develop strategic solutions to the particular challenges posed through providing services and supports in rural areas
- The need to determine whether existing performance measurement arrangements are sufficiently robust and systematic to provide accurate feedback on the 'lived experiences' of older people and their carers

The Inspectorate's report was wide ranging and covered both existing traditional services and endeavours to develop new services, particularly in rural highland Perthshire. Positive comment was made regarding the emphasis placed upon locality working and the importance of developing real choice for service users. Beyond the specific recommendations noted above, the report raised a number of areas for improvement which we propose to take forward within a comprehensive action plan, including actions to:

- 1.1 Develop a wider range of accommodation options for older people, in partnership with colleagues from the Council's Housing Service.
- 1.2 Develop Anticipatory Care Planning across the primary care sector and improve staff access to information held centrally within NHS Tayside to ensure identification of patients most at risk and/or readmission to hospital. In parallel, we will support the Council's Outcome Focussed Planning approach to ensure that assessed needs and personal ambitions continue to inform the shape of services provided.
- 1.3 Improve the level of engagement and joint working with GPs, using Integrated Resource Framework data and information generated by GPs as part of the Quality Outcomes Framework.

- 1.4 Review and refresh the provision and sharing of information between agencies to ensure a more systematic, joined up approach to partnership working.
- 1.5 Review the Carers Strategy to strengthen the voice of carers within the feedback process.
- 1.6 Extend communications across partnership staff and GPs with regard to the function and availability of new Change Fund Services such as the Rapid Response, Step-up and Immediate Discharge Services and Marie Curie Palliative Care.
- 1.7 Extend current good practice in relation to protection-risk to include non-protection risks associated with the individual's mental and physical health.
- 1.8 Focus on the quality of chronologies contained within files to ensure that these provide a relevant list of key events with a direct bearing upon the safety and wellbeing of the individual.
- 1.9 Enhance the extent of joint communication activity between Health and Social Care Services.
- 1.10 Extend the use of the Outcome Focussed Approach to include health professionals to ensure that health monitoring relates to the individual's overall health and not simply the interventions of individual disciplines.
- 1.11 Implement the findings of an 'Administration of Medication pilot' currently underway in the Blairgowrie area.
- 1.12 Develop a range of training initiatives to support:
  - The articulation of SMART outcome focussed plans
  - The introduction of Anticipatory Care Plans and improved use of an outcome focussed approach by health staff to support whole health planning for patients
  - The development of a wider training framework across health and social care to support skills development within the statutory, voluntary and private sectors in furtherance of the aims of the Commissioning Strategy

## **2. PROPOSALS**

In response to the above findings, the following actions are now proposed:

- 2.1 Individual agencies will take appropriate action in relation to recommendations within this report, where action is not already underway to effect improvements.
- 2.2 The joint Action Plan attached to this paper will be taken forward by relevant Council and Health managers to action areas for improvement noted within the Inspection report.

- 2.3 The shadow Health and Social Care Board is invited to respond to the specific recommendations of the report in relation to the development of joint training and communication initiatives.

### 3. CONCLUSION AND RECOMMENDATIONS

This inspection was helpful to both Health and Social Care Management teams and to the Inspectorate in identifying areas for improvement in practice and in inspection techniques. In relation to certain findings concerning Chronologies, the communication of Change Fund activity information to GPs and the development of Anticipatory Care Plans, the relevant agencies had already identified these as areas for improvement. Other recommendations, such as those in relation to the development of joint communication arrangements and the articulation of a wider joint training strategy, are helpful to the emerging Health and Social Care Shadow Board at this stage in its development.

In light of the range of observations within the report, the Housing and Health Committee is asked to approve the following actions:

- 3.1 A Joint Improvement plan is taken forward by both agencies in conjunction with relevant partners (see Appendix 1).
- 3.2 The Executive Director for Housing and Community Care is instructed to bring forward a further report on progress towards the Joint Improvement Plan in 12 months time.
- 3.3 It is recommended that the Scrutiny Committee Scrutinises and comments as appropriate on this report.

#### Author

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#### Approved

Name	Designation	Date
John Walker	Executive Director (Housing and Community Care)	6 January 2014

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

*The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not available (n/a)'.*

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
Asset Management (land, property, IST)	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Strategic Environmental Assessment	<b>No</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>Yes</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement

- 1.1 This paper contributes to the delivery of Perth and Kinross Community Plan / Single Outcome Agreement in terms of the following priorities:

- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

#### Corporate Plan

- 1.2 This paper contributes to the achievement of the Council's Corporate Plan Priorities:

- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

## 2. Resource Implications

### Financial

- 2.1 The only aspect of the Action Plan attached to this report with a clear resource implication concerns the improvement in communication systems between Health and Social Care Services. The extent of these implications will be determined as part of the Action Plan. All other actions within the Action Plan will be contained within existing resources.

### Workforce

- 2.2 The key workforce implications arising from this report relate to joint training initiatives around Outcome Focussed Planning, Anticipatory Care Planning and the development of a wider training framework across Health and Social Care staff. The detail of staff training and development required will be explored as representatives from relevant training and development sections in Health and Social Care and with respective Human Resource sections.

### Asset Management (land, property, IT)

- 2.3 There are no immediate land implications arising from this report. As noted earlier, however, there are implications for the capacity of existing IT systems to support the exchange of necessary information between the relevant agencies.

## 3. Assessments

### Equality Impact Assessment

- 3.1 The proposals contained within this report have been considered under the Equalities Impact Assessment process (EqIA) with the following outcome:
- (i) Assessed as **relevant** and the following positive outcomes expected following implementation:
- Older people will enjoy access to a wider range of supports/services
  - Agencies delivering such supports will plan their delivery in a co-ordinated manner
  - Older people at risk of admission to hospital will be identified and, where possible, have their needs met in a manner which enables them to remain within the community

### Strategic Environmental Assessment

- 3.3 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

This section should reflect that the proposals have been considered under the Act and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

#### Sustainability

#### Legal and Governance

#### Risk

The key risks noted within this paper relate to the effective sharing of information between Council and Health Services and the systems and protocols to support information sharing. Work is being taken forward locally and within the Tayside Data Sharing Partnership to mitigate these risks.

### **4. Consultation**

#### Internal

- 4.1 The following parties have been consulted prior to submission of this report:
- The General Manager of Perth and Kinross Community Health Partnership
  - Head of Legal Services
  - Head of Human Resources
  - Head of Finance

### **5. Communication**

- 5.1 The existing communication arrangements within the Change Fund for Older People's management structure, together with feedback proposals to relevant groups of staff will be employed to support the improvement plan attached to this paper.

## **2. BACKGROUND PAPERS**

The report from the Pilot Inspection of Older Peoples Services in Perth and Kinross was relied upon in preparing this report.



## APPENDIX 1

### DRAFT JOINT IMPROVEMENT PLAN – FOLLOWING INSPECTION OF OLDER PEOPLES SERVICES (JAN-FEB 2013)

#### 1. OUTCOME FOCUSSED APPROACH / ANTICIPATORY CARE PLANNING

ITEM	KEY FINDING	HIGH LEVEL ACTION	RESPONSIBLE OFFICER (S)	TIMELINE
1.1	Develop a common understanding of an Outcome Focused Approach (OFA)	Develop an integrated education and training and Organisational Development programme for outcome focussed approaches. Ensure that OFA are SMART.	Diane Fraser Jane Dernie Sandra Gourlay Susan Nevill Lesley Sinclair	April 2014
1.2	Promote Anticipatory Care Planning across agencies	Develop and promote the roll out and understanding of Anticipatory Care Planning (ACP)	Ruth Buchan	October 2013 onwards
1.3	Focus on the quality of chronologies contained within files to ensure that these provide a list of key events	Ensure that chronologies are embedded across all community care and health teams with training provided to all staff.	Learning and Development Team / Clinical Improvement Team	April 2014

## 2. PERFORMANCE / IT SYSTEMS

ITEM	KEY FINDING	HIGH LEVEL ACTION	RESPONSIBLE OFFICER (S)	TIMELINE
2.1	Co-ordinate work to reduce the number of days lost to delayed discharges	Review the whole systems data work	Sandy Strathearn / David McLaren	January 2014
2.2	Improve access to information held within IT systems	Agree to introduce one IT system which is accessible and holds both key health and social care information (including Anticipatory Care Plan)	Bill Nicoll / John Walker	April – May 2014
2.3	Develop a more systematic approach towards the provision of public information	Develop a joint approach to information provision for the general public on access to services.	Lisa Potter / Debbie Kerr	April 2014
2.4	Improve feedback to GPs who make referrals for community Support Services as an alternative to hospital or care home admissions (step up)	Develop information sharing process with GPs on patients who have received services eg <ul style="list-style-type: none"> <li>• Change in provision</li> <li>• Admission</li> <li>• Discharge</li> </ul>	Audrey Ryman / Sandy Strathearn	April 2014
2.5	Develop a more forensic approach towards gathering information from service users/carers	Establish systematic surveys of service users and carers who use Health and Social Care services within localities.	Suzi Burt / Mark Dickson	2014

### 3. REABLEMENT / HOME CARE

ITEM	KEY FINDING	HIGH LEVEL ACTION	RESPONSIBLE OFFICER (S)	TIMELINE
3.1	Ensure appropriate, effective and speedy entry into and exit from reablement service to avoid bottlenecks	<ul style="list-style-type: none"> <li>Improve the quality of referrals to reablement</li> <li>Ensure the appropriate balance between the level of home care, reablement and rapid response provision</li> </ul>	Community Care Service Managers  Community Care Service Managers / Sue Muir	October 2013  January 2014 onwards
3.2	Improve access to information held with IT systems	Agree to introduce one IT system which is accessible and holds both key health and social care information (including ACP)	Bill Nicoll / John Walker	April – May 2014
3.3	Develop a more systematic approach towards the provision of public information	Develop a joint approach to information provision for the general public on access to services.	Lisa Potter / Debbie Kerr	April 2014

#### 4. CARERS

ITEM	KEY FINDING	HIGH LEVEL ACTION	RESPONSIBLE OFFICER (S)	TIMELINE
4.1	Ensure that all carers for older people are offered an assessment	<ul style="list-style-type: none"> <li>• Develop a self evaluation process to ensure that carers for older people are offered an assessment</li> <li>• Build in feedback from key agencies on instances where carers are not offered an assessment</li> <li>• Increase the focus on carers health checks</li> <li>• Review the Carers Strategy</li> </ul>	Paul Henderson / Evelyn Devine	June 2014

## 5. INTEGRATION

ITEM	KEY FINDING	HIGH LEVEL ACTION	RESPONSIBLE OFFICER (S)	TIMELINE
5.1	Improve outcomes for older people and their carers by developing a clear vision and commitment to health and social integration	Develop integration at locality level through strong middle management leadership in both agencies	Bill Nicoll / John Walker	April 2014
5.2	Improve the standard and level of joint communication with health and social care staff	Identify and develop appropriate communication tools and media	Heads of Community Care and Older Peoples Service CHP	March 2014
5.3	Develop the Joint Commissioning Strategy to provide longer term direction and workforce planning	Provide further detail within draft strategy to ensure clear direction and develop long term workforce plan in urban and rural areas	Evelyn Devine / John Gilruth	January 2014
5.4	Ensure the establishment of appropriate, effective and efficient arrangements for the administration of medication to older people requiring assistance	Evaluate the Blairgowrie pilot and identify key issues to improve practice.  Develop an action plan for roll out across the area.	Andrew Radley / Kenny Ogilvy	June 2014

