

REPORT TO: Cabinet

MEETING DATE: 11 October 2016

BY: Head of Older People and Access, East Lothian Health and Social Care Partnership

SUBJECT: Joint Inspection of Older People's Services Report and Draft Action Plan

1 PURPOSE

- 1.1 To present the joint inspection report from the Care Inspectorate and Healthcare Improvement Scotland on services for older people in East Lothian and the aligned draft local action plan.

2 RECOMMENDATIONS

- 2.1 The Cabinet is asked to note the joint inspection report and its key recommendations.
- 2.2 The Cabinet is asked to note the significant contribution of staff in contributing to the positive evaluations against key quality indicators.
- 2.3 The Cabinet is asked to note the detail draft action plan which addresses the key recommendations for improvement and to agree that this should be referred to the Policy and Performance Review Committee

3 BACKGROUND

- 3.1 Between June and November 2015, the Care Inspectorate and Healthcare Improvement Scotland carried out a [joint inspection](#) which scrutinised how East Lothian Health and Social Care Partnership deliver services for older people and their carers. The process considered whether health and social work services worked together effectively in order to deliver quality services for older people which enable them to be independent, safe, as healthy as possible and to maintain a sense of wellbeing. The inspection equally considered the progress of the Health and Social Care Partnership (HSCP) in delivering against the national integration agenda driven by the Public Bodies (Joint Working)(Scotland) Act.

3.2 The inspection methodology included a set of nine quality indicators outlined further in Table 1. Across the nine indicators, within East Lothian three were found to be good and six were found to be adequate.

Table 1

Quality indicator		Evaluation	Evaluation criteria
1.	Key performance outcomes	Adequate	Excellent – outstanding, sector leading Very good – major strengths Good – important strengths with some areas for improvement Adequate - strengths just outweigh weaknesses Weak – important weaknesses Unsatisfactory – major weaknesses
2.	Getting help at the right time	Adequate	
3.	Impact on staff	Good	
4.	Impact on the community	Adequate	
5.	Delivery of key processes	Adequate	
6.	Policy development and plans to support improvement in service	Good	
7.	Management and support of staff	Adequate	
8.	Partnership working	Adequate	
9.	Leadership and direction	Good	

3.3 The report notes that outcomes for older people and their carers are predominantly good and that East Lothian Health and Social Care Partnership has a “clear and compelling vision” and strategic plan for the future integrated delivery of health and social care services for older people and their carers. The HSCP equally demonstrated promising signs of good, well informed governance and leadership from the integration joint board at an acknowledged early stage of integration, and the partnership benefits from strong, purposeful leadership and management.

3.4 Specific areas of good practice highlighted within the inspection report included East Lothian Service for Integrated Care of the Elderly (ELSIE), our committed and resilient workforce and the commitment to community engagement and consultation. Equally the continuing challenges of effective care at home provision, delayed discharge performance and accelerating self directed support were specifically noted as areas necessitating focused improvement.

3.5 A number of key areas needed to effect continuous improvement were highlighted by the inspection team (Table 2). These form the basis of the aligned (draft) action plan which presents key transformative mitigating actions with associated timelines for delivery and identified lines of accountability; the action plan will be presented to the HSCP management team and the Integration Joint Board for approval on completion.

Table 2

Inspectorate recommendations for Improvement	
1.	The partnership should ensure fewer older people experience delayed discharge from hospital, and that it meets the Scottish Government's target of no delays over two weeks' duration.
2.	The partnership should implement integrated service redesign for the ELSIE service, so that it is staffed by both health and social work services professionals.
3.	The partnership should take steps to improve anticipatory care plans. These plans should be prepared in line with Scottish Government guidance.
4.	The partnership should ensure all unpaid carers are offered a carer's assessment and this offer should be clearly recorded. Carer's assessments should be completed for carers who request them.
5.	The partnership should ensure that people diagnosed with dementia and their carers receive post-diagnostic support, in line with the National Dementia Strategy.
6.	The partnership should make sure that older people get timely needs assessments and service provision.
7.	The partnership should ensure that suitably detailed chronologies are prepared for appropriate individuals.
8.	The partnership should make sure that older people receive timely reviews of their care and support.
9.	The partnership should reduce staff absence, and set challenging targets for reducing the number of working days lost to staff absence.
10.	The partnership should plan to mitigate the impact that potential shortfalls in the delivery of savings and cost reduction plans will have on the long-term sustainability of services to be transferred to the integration joint board.

3.6 The improvement action plan is currently still in development with leads for specific recommendations and areas for improvement identified and met.

4 POLICY IMPLICATIONS

4.1 The action plan, when approved, will support achievement of the Single Outcome Agreement as it relates to Outcome 6; People are enabled to live at home and access opportunities in their communities for as long as possible.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The (currently draft) action plan will be subject to an Integrated Impact Assessment on completion.

6 RESOURCE IMPLICATIONS

- 6.1 Financial - there are no immediate financial implications arising from this report. Partners and services will aim to deliver aligned activity within existing budgetary resources, recognising that as new imperatives and initiatives develop there may be a requirement to bring forward individual reports
- 6.2 Personnel - there are no immediate personnel implications arising from this report.
- 6.3 Other – none.

7 BACKGROUND PAPERS

- 7.1 [Services for older people in East Lothian, May 2016: Report of a joint inspection of adult health and social care services: Care Inspectorate and Healthcare Improvement Scotland](#)
- 7.2 Update position recommendation

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East Lothian Health & Social Care Partnership



**East Lothian Health & Social Care Partnership
2016 – Joint Inspection Older Peoples Services**

Partnership Progress Report

IMPROVEMENT PLAN ACTIONS (KEY ACTIONS & UPDATES)

Quality Indicator 1 Key Performance Outcomes - Evaluation Adequate

Recommendation 1	<i>The Partnership should ensure fewer older people experience delayed discharge from hospital and meets the Scottish Government's target of no delays of over two weeks' duration.</i>			
Action	Progress	Responsibility	Due date	RAG
Fortnightly Taskforce meeting	In place – minutes and action plan available	A Macdonald	Ongoing	G
Weekly communication with acute hubs	In place – with both Health and Social Care participation .	L Cowan	Ongoing	G
Daily teleconferencing	Daily Safety Huddle at Roodlands	L Cowan	Ongoing	G
Hospital to Home Team expansion	Ongoing – with Winter Funding requested	A Macdonald/L Cowan	Ongoing	G
Redesign of homecare to reablement model	Integrated Management Structure to support in place 1 st October 2016	A Macdonald	01/10/16	A
Joint assessment and review process	As above	A Macdonald	01/10/16	A
Inreach service to secondary care	As above	L Berry	01/10/16	A
Local discharge planning from admission	Review all admissions to hospital on daily basis at Roodlands Huddle	L Cowan	Ongoing	G

Quality Indicator 1 Key Performance Outcomes - Evaluation Adequate

Recommendation 2	<i>The partnership should implement integrated service redesign for the ELSIE service, so that it is staffed by both health and social work services professionals.</i>			
Action	Progress	Responsibility	Due date	RAG
Implement Appreciative Enquiry Approach to service re-design of ELSIE	Established oversight group of senior managers and clinicians	A Macdonald	1st June 2016	G
	Facilitated appreciative Inquiry Events for both Health & Social Care teams	A Macdonald		G
ELSIE (East Lothian Services for Integrated Care of Elderly) and DRRT(Duty , Response and Rehab teams) services needed to be integrated, to avoid older people having to undergo multiple assessments and prevent duplication of work.	<p>Feedback from appreciative inquiry events considered and responded to</p> <p>New structure reflects desire to keep DRRT under one management team and supports increased integrated functions (not yet known -)</p> <p>New structure reflects feedback from staff groups, NHS Lothian and East Lothian Council. Appointment process through September 2016 and full implementation of new structure by 1st October 2016</p> <p>Joint education scoping for integrated teams commenced 1st September 2016</p>	Senior Management Team	1st April 2017	G
Service review and increased team involvement in service development	Next stage of work on integrated structure with leadership from Group Service Mangers and Service Managers who will be in post 1 st October 2016	Senior management team	1st April 2017	A

Quality Indicator 1 Key Performance Outcomes - Evaluation Adequate

Recommendation 3	<i>The partnership should take steps to improve anticipatory care plans. These plans should be prepared in line with Scottish Government guidance.</i>			
Action	Progress	Responsibility	Due date	RAG
Anticipatory care plans will comply with SG guidance. (At the time of the inspection, all ACPs were simply Key Information Summaries.)	Proposal agreed by ELSIE Oversight Group recommending utilisation of Care Home Team skills to populate ACPs at Eskbridge in first instance	Jon Turvill	31/01/17	A
	ACPs supported by cluster quality work	Jon Turvill	31/01/17	A
	Healthy palliative care workstream to support ACPs	Jon Turvill	31/01/17	A

	QUALITY INDICATOR 2 – GETTING HELP AT THE RIGHT TIME – Evaluation Adequate			
Recommendation 4	<i>The partnership should ensure all unpaid carers are offered a carer’s assessment and this offer should be clearly recorded. Carers’ assessments should be completed for carers who request them.</i>			
Action	Progress	Responsibility	Due date	RAG
Update Frameworki	Social Work worked with with Frameworki Team to have new field introduced which shows assessment offered	Rod Mackenzie	01/08/16	G
Joint Carers’ Planning Group to implement Carers’ Assessment Tool	Joint Carers’ Planning Group overseeing sub-group to review carer’s assessment tool to bring in line with Carer’s Support Plan. Requires reviewed as part of new Carers’ Strategy workstreams.	Rod Mackenzie	31/12/16	A

QUALITY INDICATOR 2 – GETTING HELP AT THE RIGHT TIME – Evaluation Adequate

Recommendation 5	<i>The partnership should ensure that people diagnosed with dementia, and their carers, receive post-diagnostic support, in line with the National Dementia Strategy.</i>			
Action	Progress	Responsibility	Due date	RAG
Establish a comprehensive collection of NHS Data to demonstrate that PDS is being delivered in line with National Dementia Strategy	The data currently being provided monthly to the Post-Diagnostic Support Worker is being reviewed to demonstrate that all patients/carers newly diagnosed with dementia are receiving post-diagnostic dementia support.	Kaye Skey NHS Lothian/ISD	28/02/17	A
Alzheimer’s Scotland to compile data	There will be documented evidence to demonstrate that all patients newly diagnosed with dementia will have received post-diagnostic dementia support. PDS to issue Alzheimer’s Scotland customer satisfaction survey at year end.	Alzheimer’s Scotland Kaye Skey	31/12/16	A

QUALITY INDICATOR 5 – DELIVERY OF KEY PROCESSES – EVALUATION ADEQUATE

Recommendation 6	<i>The partnership should make sure that older people get timely needs assessments and service provision</i>			
Action	Progress	Responsibility	Due date	RAG
Review full assessment process	Review OT & PT provision to rehabilitation areas – both in-patient wards and community settings – within East Lothian.	Lesley Berry Gillian Neil	31/10/16	A
Establish multi-agency assessment process	Proccess under discussion.	Lesley Berry Gillian Neil Caroline Johnston	05/05/16	R

QUALITY INDICATOR 5 – DELIVERY OF KEY PROCESSES – EVALUATION ADEQUATE

Recommendation 7	<i>The partnership should ensure that suitably detailed chronologies are prepared for appropriate individuals.</i>			
Action	Progress	Responsibility	Due date	RAG
Develop an approach to ensure that chronologies are written for appropriate individuals (older people)	Single-agency chronology included in the Public Protection Strategic Business Plan. Mosaic system going live in August / September 2016	Carolyn Wyllie	31/10/16	A
Review existing Care Package Review Process in order to reduce or negate the waiting list	Management Team are supporting the inclusion of a mandatory chronology per episode in Frameworki that will be opened on allocation	Carolyn Wyllie Trish Leddy	31/10/16	A

	QUALITY INDICATOR 5 – DELIVERY OF KEY PROCESSES – EVALUATION ADEQUATE			
Recommendation 8	<i>The partnership should make sure that older people receive timely reviews of their care and support.</i>			
Action	Progress	Responsibility	Due date	RAG
Realigned Brokers'/Review Team financial functions to assist with timely reviews of care and support	Realigning resources in relation to the development of integrated services	Carolyn Wyllie Rod Mackenzie Management Team	31/01/17	A
	Work required in relation to the SDS Team/Brokers'/Review Team & Financial functions	Carolyn Wyllie Rod Mackenzie Management Team	31/01/17	A
	Develop audit tool to go to providers and something similar for AWI/Guardianship etc.	Carolyn Wyllie Rod Mackenzie Management Team	31/01/17	A

QUALITY INDICATOR 7 – MANAGEMENT AND SUPPORT OF STAFF – EVALUATION ADEQUATE				
Recommendation 9	<i>Partnership should reduce staff absence and set challenging targets for reducing the number of working days lost to staff absence</i>			
Action	Progress	Responsibility	Due date	RA G
Ensure adherence to ELC Policy – target is 100% compliance with Policy	All managers will be compliant with the ELC policy for the management of absence Staff absence reduced by 3% to achieve the target of 3.5% Policy Compliance Report to ensure procedures are followed and issues relating to staff absence are resolved Introduce targets for compliance	Janette Horsburgh Trish Leddy	Ongoing	A
Ensure adherence to NHS Lothian promoting attendance at work Policy	All managers will be compliant with the NHSL policy for the management of absence	Caroline Johnston Thomas Miller Lorraine Cowan Senior charge nurses Team mangers	Ongoing	A
	Senior Charge Nurse education	Caroline Johnston Thomas Miller Lorraine Cowan Senior charge nurses Team mangers	Completed August 2016	G
	Joint Staff and Partnership (Unions) Group set up to review all guidelines	Caroline Johnston Thomas Miller Lorraine Cowan Senior charge nurses Team mangers	31/10/16	A

QUALITY INDICATOR 7 – MANAGEMENT AND SUPPORT OF STAFF – EVALUATION ADEQUATE				
Recommendation 9 Cont'd	<i>Partnership should reduce staff absence, and set challenging targets for reducing the number of working days lost to staff absence.</i>			
Action	Progress	Responsibility	Due date	RA G
	Review of phoning-in guidelines	Caroline Johnston Thomas Miller Lorraine Cowan Senior charge nurses. Team mangers	16/08/16	G
	Professional Forum development afternoon to focus on sickness absence	Caroline Johnston Thomas Miller Lorraine Cowan Senior charge nurses. Team mangers	16/08/16	G

QUALITY INDICATOR 8 – MANAGEMENT OF RESOURCES– EVALUATION ADEQUATE				
Recommendation 10	<i>The partnership should plan to mitigate the impact that potential shortfalls in the delivery of savings and cost reduction plans will have on the long-term sustainability of services to be transferred to the Integration Joint Board.</i>			
Action	Progress	Responsibility	Due date	RAG
Ensure service delivery and quality in a challenging financial climate	Financial position under constant review for both Health and Social Care. Regular reporting to both Health and Social Care and Integrated Joint Board. Financial recovery plans in progress in both Health and Social Care.	David Small Alison Macdonald Sharon Saunders	Ongoing	R