

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Strategic Planning Advisory Group (SPAG)</b>	
<b>Held on:</b>	<b>25<sup>th</sup> April 2023</b>	
<b>Agenda Item:</b>	<b>6</b>	
<b>Title:</b>	<b>Joint Inspection of Adult Community Health and Care Services</b>	
<b>Summary:</b>		
<p>The purpose of this report is to provide an overview of the outcome of the Joint Inspection of Adult Services and progress against the recommendations made in the report.</p>		
<b>Author:</b>	<b>Billy McClean, Head of Community Health and Care Services</b>	
<b>Recommendations:</b>		
<p>It is recommended that the Strategic Planning Advisory Group.</p> <ul style="list-style-type: none"> <li>• note the positive outcome of the inspection.</li> <li>• endorse the work which has been undertaken and is planned.</li> </ul>		
<b>Route to meeting:</b>		
<b>Health and Care Governance.</b>		
<b>Directions:</b>		<b>Implications:</b>
1. No Directions Required <input type="checkbox"/>		Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>		HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>		Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>		Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

## JOINT INSPECTION OF ADULT COMMUNITY HEALTH AND CARE SERVICES

### 1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide an overview of the outcome of the Joint Inspection of Adult Services and progress against the recommendations made in the report.

### 2. RECOMMENDATION

**2.1 It is recommended that the Strategic Planning Advisory Group:**

- i. **note the positive outcome of the inspection.**
- ii. **endorse the work which has been undertaken and is planned.**

### 3. BACKGROUND INFORMATION

3.1 The joint inspection of Adult Health and Care Services (involving the Care Inspectorate and Health Improvement Scotland) was carried out during September 2022 through to January 2023 during one of the most challenging periods that the South Ayrshire HSCP has experienced.

3.2 The inspection aimed to address the following question: “How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”

3.3 The inspection focussed on 5 key areas:

- Key performance outcomes
- Experiences of people and carers
- Delivery of key processes
- Strategic planning, policy, quality and improvement
- Leadership and direction

3.4 A range of methods were used to assess our performance against these five indicators. They included a position statement with key supporting evidence prepared by the leadership team; staff surveys; focus groups and individual interviews involving service users, carers, staff, leaders, 3<sup>rd</sup> and private sector representatives; reading of health and care files, team around the person interviews and attendance at key meetings.

3.5 The process was inclusive, with effective joint working between the HSCP and the inspection team, with both teams taking a pragmatic approach that took account of conflicting demands and ensured a focus on improvement.

3.6 The report was published on the 30<sup>th</sup> March 2023.

## 4. REPORT

### 4.1 Report Overview

The report is positive with a solid “Good” achieved across all five key areas and verbal feedback indicating that we were bordering on “Very Good” across three of the five indicators (Table 1).

**Table 1: Evaluation of Key Areas**

<b>Key Area</b>	<b>Evaluation</b>
1 Key performance outcomes	Good
2 Experiences of people and carers	Good
5 Delivery of key processes	Good
6 Strategic planning, policy, quality and improvement	Good
9 Leadership and direction	Good

### 4.2 Key Strengths

The report summarised the following key strengths:

Most people in South Ayrshire experienced positive outcomes from the delivery of health and care services. Generally, people had a positive experience of health and social care. This was especially the case when it came to engagement with staff.

Services worked well together. This was true where there were formal integrated teams as well as teams that were not formally integrated. There were particular strengths in the approaches to early intervention and prevention. This activity was captured in robust strategic planning that set out to achieve clear and relevant goals.

We witnessed, and staff spoke of a genuine commitment of leadership for change and improvement in South Ayrshire. There were good, trusting relationships at a senior level and there was clarity of purpose for individual leaders and senior managers.

The report also highlights two areas of work as exemplars:

- The “Ahead of the Curve” work to provide proactive prevention and early intervention advice and signposting to those scoring as mildly and moderately frail.

- The “Driving Change Group” that oversees and coordinates strategic, multi-professional improvement activities that are aligned to Service Level Plans and The IJB Strategic Plan.

The rest of section 4.2 sets out the key strengths for each of the five key areas.

#### **4.2.1 Key Area 1: Outcomes (Good)**

- South Ayrshire partnership was delivering positive health and wellbeing outcomes for people with physical disabilities and complex care needs.
- The Integration Joint Board (IJB) actively reviewed performance and there was an appetite for continuous improvement.
- The third and independent sectors in South Ayrshire were contributing to positive outcomes for people experiencing care.
- Outcomes for carers were positive but more needed to be done to ensure that they were supported to look after their own health and wellbeing.
- The partnership was outperforming the rest of Scotland in seven out of nine of the National Health and Wellbeing indicators.

#### **4.2.2 Key Area 2: Experience (Good)**

- Most people in South Ayrshire had a positive experience of health and social care.
- People had particularly high regard for the way services showed respect and value and upheld the dignity and rights of people experiencing care.
- People experienced positive early intervention and prevention as a result of partnership activity,
- Most people felt they were able to access good information and advice and were supported in exercising choice and control.
- People felt that their support was seamless, even when it was primarily delivered by a single agency or was not a formally integrated arrangement.
- In areas such as transition from children’s services to adult services, people had experienced very positive outcomes from services working together around the person.

#### **4.2.3 Key Area 5: Processes**

- Early intervention and prevention approaches were well-developed and supported by good-quality, accessible public information.
- Staff were confident and clear about using asset-based approaches.
- Key Information Summaries (KIS) were widely embedded in health records and supported services to work in a seamless way with people.
- Staff worked in an integrated way despite some being frustrated at working across different IT systems.

- People were involved in decision-making; Staff demonstrated an empowering attitude committed to shifting choice and control.
- Self-directed support was embedded as an approach. This enabled people to enhance the quality of their care.
- Positive steps had been taken to address recruitment and retention challenges.
- Where adult carer support plans were in place these were of high quality.

#### 4.2.4 Key Area 6: Strategic Planning and Improvement

- The IJB had published a comprehensive strategic plan which actions to improve outcomes for people and a focus on early intervention, prevention and tackling inequalities.
- The plan described a continuing dialogue with the community and partners.
- Providers were positive about their relationship with the partnership and expressed the importance of the in person provider forum in maintaining these relationships.
- The commissioning intentions contained within the plan demonstrated that the IJB had an integrated approach to strategic planning and commissioning.

#### 4.2.5 Key Area 9: Leadership

- The partnership had a clear leadership structure, working to deliver a concise vision, supported by relevant principles and values.
- This clear leadership structure supported the partnership in meeting its strategic objectives, as outlined in its strategic plans.
- There were robust links between these objectives and day-to-day operational activity, with sound governance built in.
- There was very strong evidence of a commitment to improvement activity and collective ownership of change.
- There were good examples of the partnership's approach to self-evaluation and self-assessment. This gave a solid foundation for ensuring this was consistent, maintained and used for improvement across all services.

### 4.3 Areas for Improvement

Inspectors identified six key areas for improvement (one for each Key Area). These are summarised in the table below with an update on progress:

Key Area	Recommendation for Improvement	Progress
Key performance	The partnership should continue to	<b>In Progress:</b> IJB self-evaluation session supported by the

<b>outcomes</b>	improve the capture of qualitative data as a performance measure.	Improvement Service identified key actions to produce a “Logic Model” for each of the seven objectives in the Strategic Plan and develop a reporting dashboard with 3-5 priority measures that will include qualitative measures.
<b>Experiences of people and carers</b>	The partnership should better capture the impact of its early intervention and prevention activity on people’s experiences.	<b>In Progress:</b> Working with independent partner to evaluate and report on “Ahead of the Curve” work. Validated functional measure being used to capture impact on level of independent function and experience measures also being used.
<b>Delivery of key processes</b>	<p>The partnership should continue to focus on increasing the amount of anticipatory care plans to ensure every person has had access to one.</p> <p>The partnership should continue their monitoring and improvement of self-directed support processes.</p>	<p><b>In Progress:</b> Continue ACP work with initial focus on Care Home ACPs/eKIS, and subsequent focus on frailty within GP Practice (GP leads and new Clinical Nurse Managers) reporting into Driving Change Group. Links with Ayrshire-wide groups including Whole System Intervention/ Unscheduled Care/ Out of Hours Services/ Primary Care Management and LMC/GP Sub-Committee</p> <p><b>In Progress:</b> Self-directed support lead appointed and improvement action plan in progress.</p>
<b>Strategic planning, policy, quality and improvement</b>	The partnership should be responsive to provider feedback, fully reinstating provider forums.	<b>Complete:</b> In person provider forums re-established December 2022.
<b>Leadership and direction</b>	The partnership should improve processes for gathering qualitative data, ensuring it is readily available for	<b>In Progress:</b> As indicated in improvement area 1.

	<p>leaders and senior managers to further inform their decision-making.</p>	
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#### 4.4 Summary and Outstanding Risks

The Joint Inspection Report was positive and highlighted a large number of strengths. The report concluded that:

- Most people in South Ayrshire experience positive outcomes
- Services work well together with particular strengths around prevention and early intervention.
- Leaders exhibited clarity of purpose and a genuine commitment to deliver improvement.

The seven areas for improvement identified will enable Adult Services to build on solid foundations and move from good to very good/excellent. The areas for improvement had already been identified through internal self-evaluation and actions were already being progressed.

Of the six actions identified:

- One is complete
- Five are in progress.

There were no risks identified.

The improvement action plan will be monitored through Community Health and Care Governance Group and the Health and Care Governance Committee.

## 5. STRATEGIC CONTEXT

- 5.1 The report evidences that strategic direction setting and leadership for improvement have enabled teams to deliver integrated services that mostly meet the needs of those we serve.

## 6. IMPLICATIONS

### 6.1 Financial Implications

- 6.1.1 There are no financial implications arising from the consideration of this report.

### 6.2 Human Resource Implications

- 6.2.1 There are no human resource implications arising from the consideration of this report.

### 6.3 Legal Implications

- 6.3.1 There are no legal implications arising from the consideration of this report.

#### **6.4 Equalities implications**

6.4.1 There are no equalities implications arising from the consideration of this report.

#### **6.5 Sustainability implications**

6.5.1 There are no environmental or sustainability issues associated with this report.

### **7. CONSULTATION AND PARTNERSHIP WORKING**

7.1 Partnership working is a key feature in the work undertaken for the completion of the action plan.

### **8. RISK ASSESSMENT**

8.1. There are reputational risks associated with not delivering on the recommendations made within this report.

#### **REPORT AUTHOR AND PERSON TO CONTACT**

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#### **BACKGROUND PAPERS**