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**To:** Renfrewshire Integration Joint Board

**On:** 23 June 2017

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**Report by:** Chief Officer

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**Heading:** Update on Joint Inspection for Adult Services

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**1. Summary**

1.1. The Care Inspectorate and Healthcare Improvement Scotland advised in January 2017 that a Joint Inspection of Adult Services within Renfrewshire Health and Social Care Partnership would take place during 2017/18.

1.2. This paper outlines the preparation underway for the joint inspection and a high-level action plan for the coming months pending formal notification of the joint inspection to ensure the Partnership is fully equipped and organised for the inspection process. The Inspection field work is scheduled for November 2017 indicating that the Inspection process will formally commence in the Autumn.

**2. Recommendation**

2.1. It is recommended that the IJB:

- Note the information relating to the forthcoming Joint Inspection for Adult Services;
- Note a Core Steering Group is now in place which will oversee the agreed the high level action plan in preparation for inspection; and
- Agree a regular update will be provided to IJB on joint inspection preparation.

**3. Background**

3.1. On 20 January 2017, a letter from the Care Inspectorate and Healthcare Improvement Scotland indicated that a joint inspection of Adult Services within Renfrewshire HSCP would take place during 2017/18.

3.2. During the follow up conversations between the Chief Officer and his team, the Care Inspectorate and Healthcare Improvement Scotland advised that the joint inspection will not replicate the intensity of previous joint inspections. The inspection framework will specifically take account of new requirements around 'joint commissioning'. The guidance for this

new inspection framework, which was intended to be released in April 2017, is not available at the point this report is written.

3.3. The Chief Executive of Renfrewshire Council arranged a meeting between the Care Inspectorate and Senior Management representatives on 30<sup>th</sup> May 2017 to discuss the scope of the inspection in more depth in the absence of formal guidance. At the meeting, it was confirmed that five Quality Indicators (detailed within Appendix 2) will be covered during the joint inspection. These cover the following areas:

- Improvements in partnership performance in both healthcare and social care;
- Operational and strategic planning arrangements;
- Commissioning arrangements;
- Vision, values and culture across the partnership; and
- Leadership of strategy.

3.4. The Care Inspectorate has indicated that the inspection fieldwork will be carried out towards the end of 2017 and they would give 4 weeks' notice of the requirement of the partnership to provide a brief position statement on each of the 5 quality indicators being assessed. The Care Inspectorate anticipates that the whole process from notification to the final report will be approximately 19 weeks in duration. The following was also confirmed:

- The inspection will cover all delegated health and social care services for all adults;
- During the notification period RHSCP will be expected to coordinate a position statement based on the five Quality Indicators (QIs) areas outlined above;
- There will be no file reading process;
- The Inspectors will issue a staff survey in advance of the fieldwork;
- Interviews and Focus groups will take place staff, which will include IJB members, providers staff service users, carers and other stakeholders in terms of evidencing and validating the 5 areas of inspection;
- A professional dialogue will be used as a method of exploring the issues in scope with the partnership; and
- Two periods of fieldwork planned to be over 5 days and then 3 days.

### **Action Plan**

3.5. Based on the information the Partnership has received to date, a Core Steering Group (CSG) has been established to oversee and coordinate the preparatory work for the joint inspection. Three meetings of the CSG have already taken place. The group plans to meet fortnightly but this

will be reviewed depending on progress and proximity of the formal inspection date. The CSG will regularly consult with a Wider Consultation Group (WSG) comprised of senior strategic and operational managers across the Partnership.

- 3.6. A managers briefing session was held on 12th May 2017. This comprised 2nd and 3rd tier managers across all HSCP services. The group discussed areas of strength and improvement, and has categorised these according to Red, Amber, and Green. This exercise will be followed up and developed with planned staff engagement sessions and through the HSCP's Leadership Network.
- 3.7. A high level Action Plan (Appendix 1) has been developed to ensure that Renfrewshire HSCP is fully equipped and prepared for the joint inspection process. Work is already underway in terms of communication with all staff and stakeholders; establishing contact lists for Inspectors; collating evidence; building case studies and a position statement which highlights integrated working practices between health and social care which is delivering outcomes for our local communities.
- 3.8. Self-evaluation will be critical to ensuring that the Partnership is taking a whole systems approach to health and social care as legislated for in Public Bodies (Joint Working) (Scotland) Act 2014. A self-evaluation process has been developed and structured around the five areas of inspection highlighted above as well as the various stages of intervention that Renfrewshire Health and Social Care Partnership provides services across, and in terms of our central core. These include:
- Prevention and Early Intervention;
  - Unscheduled Care / Crisis Management;
  - Scheduled Care / Community Care;
  - Long Term Conditions and Palliative Care; and
  - Infrastructure
- 3.9. The self-evaluation is structured to allow the Partnership the opportunity to ascertain areas of good practice, and identify where potential gaps or risks exist and provide the opportunity to plan and undertake remedial or mitigating actions.

#### **4. Next Steps**

- 4.1. The Core Steering Group is now in place. It has discussed and agreed the high level action plan, and will continue to undertake the necessary preparation in advance of the formal notification of joint inspection;
- 4.2. A regular update will be provided to SMT on joint inspection preparation;
- 4.3. A paper on the Action Plan for Joint Inspection has been presented to the Public Protection Chief Officers Group as requested by the Chief

Executive of Renfrewshire Council and ongoing updates will be provided to both this group and the Council's Corporate Management Team.

- 4.4. A further update will be provided to the IJB.

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### Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – Partners will be asked to contribute to the inspection
4. **Legal** – None
5. **Property/Assets** –None.
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – None.

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**List of Background Papers** – None.

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## Appendix 1 – High Level Action Plan

Action No.	Action	Progress	When
<b>Element 1 - Organisation and Preparation</b>			
1	Formal letter to Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS)	Complete	Jan-17
2	Informal Discussion with CI/HIS to establish contact and certain scope of inspection.	Complete	Feb/Mar 17
3	Obtain new framework for Joint Inspection	Awaiting	Apr-17
4	Establish Core Steering Group (CSG) and administrative support arrangements	Complete	Apr-17
5	Establish Key Contact list and wider consultation group (WCG)	In progress	Apr-17
6	Communications, participation and engagement with all staff and stakeholders	In progress	Ongoing
7	Establish timeline for Inspection preparation	In progress	Apr-17
8	Establish regular meetings with key officers	In progress	Apr-17
9	Report to RHSCP SMT and RC CMT	In progress	Apr-17
10	Develop Evidence List, Collation of Essential Documents and map to Quality Indicator / Workstream Areas	In progress	Apr/May 17
11	Identify Workstreams based on Quality Indicators being used in the inspection	Complete	Apr-17
12	Establish ICT folder for all Inspection Materials	Not started	Apr-17
13	Arrange workstream focused workshops with key officers to map out SWOT analysis	Complete	Apr-17
14	Undertake Literary Review to establish key areas of feedback- External Inspection Reports	In progress	Apr/May 17
15	Develop Self Evaluation Framework in absence of formal inspection framework	In progress	Apr/May 17
16	Develop questions for 'practice run' Focus Groups and 'Interviews/Discussions'	Not started	Apr/May 17
<b>Element 2 - Self Evaluation</b>			
17	SWOT Analysis and Evidence Mapping Workshop with key officers	In progress	Jun/Jul 17
18	Undertake 'practice run' of Focus Groups with staff and stakeholders	Not started	Jun-17
19	Identify Staff Consultation and Review Key Messages from this	Not started	Jun-17
20	Undertake 'practice run' of Senior Officer interviews/discussions	Not started	Jul-Sep 17
21	Develop case studies highlighting integrated working (in the absence of file reading)	Not started	Jul-Sep 18
<b>Action No.</b>	<b>Action</b>	<b>Progress</b>	<b>When</b>

Element 3 - Action Planning			
22	Self Evaluation Status Report identifying Areas of Strength, Areas Requiring Improvement Action Plan based on Self Evaluation (Remedial/Mitigating Actions - Managing Key Messages) Develop and Coordinate Position Statement	Not started	Jul-17
23		Not started	Jul-17
24		Not started	Apr-Sep 17
Element 4 - Post-Notification Period			
25	Check Availability of key staff during Inspection period Identify work space that can be utilised by Inspectors during the Joint Inspection Complete, Agree and Submit Template for Joint Inspection	Not started	TBC
26		Not started	TBC
27		Not started	TBC

## Appendix 2 – Self-Evaluation Template

Theme	Workstream	Good Practice	Potential Gaps / Issues
<b>Prevention and Early Intervention</b>			
Workstream 1	Improvements in Health & Social Work Performance Joint Operational & Strategic Planning Arrangements Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution Vision, Values & Culture across the Partnership Leadership of Strategy & Direction		
Workstream 2			
Workstream 3			
Workstream 4			
Workstream 5			
<b>Unscheduled Care</b>			
Workstream 1	Improvements in Health & Social Work Performance Joint Operational & Strategic Planning Arrangements Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution Vision, Values & Culture across the Partnership Leadership of Strategy & Direction		
Workstream 2			
Workstream 3			
Workstream 4			
Workstream 5			
<b>Scheduled Care</b>			
Workstream 1	Improvements in Health & Social Work Performance Joint Operational & Strategic Planning Arrangements Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution Vision, Values & Culture across the Partnership Leadership of Strategy & Direction		
Workstream 2			
Workstream 3			
Workstream 4			
Workstream 5			
<b>Long Term Conditions and Palliative Care</b>			
Workstream 1	Improvements in Health & Social Work Performance Joint Operational & Strategic Planning Arrangements Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution Vision, Values & Culture across the Partnership Leadership of Strategy & Direction		
Workstream 2			
Workstream 3			
Workstream 4			
Workstream 5			

Infrastructure			
Workstream 1	Improvements in Health & Social Work Performance Joint Operational & Strategic Planning Arrangements Joint Strategic Commissioning that identifies Partnership Priorities & Resource Contribution Vision, Values & Culture across the Partnership		
Workstream 2			
Workstream 3			
Workstream 4			



## Joint Inspection of Adult Services – Core Documentation List

### Appendix 2

What key outcomes have we achieved?	How good is our management of whole systems in the partnership?	How good is our leadership?
<b>1. Key performance outcomes</b>	<b>6. Policy development and plans to support improvement in service.</b>	<b>9. Leadership and direction that promotes partnership.</b>
1.1 Improvements in partnership performance in both healthcare and social care.	6.1 Operational and strategic planning arrangements. 6.5 Commissioning arrangements.	9.1 Vision, values and culture across the partnership. 9.2 Leadership of strategy and direction.

What key performance outcomes have we achieved?		
1. Key performance outcomes		
	Main areas	Examples of Evidence
<b>1.1 Improvements in partnership performance in both healthcare and social care</b>	<ul style="list-style-type: none"> <li>Partners work together to enable adults to achieve the best possible social care and health outcomes in terms of independence, overcoming barriers to inclusion, and maintaining or developing their abilities :               <ul style="list-style-type: none"> <li>➢ People are supported to continue to live in their own homes or in their local community</li> <li>➢ Partners have evidence of effective outcomes for people who use social work and health services and their carers</li> <li>➢ People are supported to live independently through support commissioned by social work and health services</li> <li>➢ People with long term conditions are supported to be independent and in control of their condition</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Qualitative information from peoples experience of outcome focused assessment</li> <li>Long term conditions data nationally reported</li> <li>Partnership, NHS Board and local authority self-evaluation information and evidence;</li> <li>Change Fund / Integrated Care Fund/ Delayed Discharge Fund progress reports</li> <li>Level and type of complaints and evidence of Partners taking positive action in response to complaints</li> <li>Benchmarking activity against dementia standards, Keys to Life, Mental health Strategy and Palliative Care standards</li> <li>Joint performance frameworks and recent performance reports</li> <li>Falls strategy and falls pathway</li> <li>Evidence of benchmarking falls data</li> </ul>

Document Name: Core Documentation\_Evidence List

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	<ul style="list-style-type: none"> <li>➤ People with dementia are supported to be as independent and integrated into the community as possible</li> <li>➤ management information is used as a basis for key decisions and improvements</li> </ul>	<ul style="list-style-type: none"> <li>• ACP paperwork being developed or in use</li> <li>• Protocols for identifying those who require ACP</li> </ul>
<b>How good is our management of whole systems</b>		
<b>6. Policy development and plans to support improvement in services</b>		
<b>Main areas</b>		
<b>6.1 Operational and strategic planning arrangements</b>	<ul style="list-style-type: none"> <li>• There is a shared vision for older people's services which is informed by a whole systems approach including acute hospital settings and is set out in comprehensive, joint plans for older people's services. These contain strategic objectives, measurable targets and timescales</li> <li>• There are processes, frameworks and guidance to implement the joint vision, policies and strategies</li> <li>• There is a systematic approach between health and social work operational managers which results in effective management of services and resources across the whole system of care</li> <li>• Priorities set at partnership, team and unit levels reflect jointly agreed plans and priorities</li> </ul>	<b>Examples of Evidence</b> <ul style="list-style-type: none"> <li>• Strategic Needs Assessment and the Strategic Commissioning Plan</li> <li>• Local Health Delivery Plans</li> <li>• Service Plans</li> <li>• Evidence base for range of services developed or commissioned</li> <li>• Evidence of how the partnership has used the Integrated Care Fund to build on progress delivered through the RCOP programme</li> <li>• Implementation of dementia standards</li> <li>• Strategic planning group information – membership, terms of reference and minutes</li> <li>• Planning framework (governance)</li> <li>• Evidence of use of IRF or similar approach to financial planning</li> <li>• Arrangements for GP service to regulated care homes and housing support</li> <li>• Operational implementation and plans</li> <li>• User involvement</li> <li>• Scottish Health Council major service redesign reports</li> <li>• Scottish Health Council patient focus / public involvement reports</li> </ul>

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		<ul style="list-style-type: none"> <li>• Implementation and evidence of the quality of operational and strategic planning arrangements</li> <li>• Joint commissioning approaches</li> <li>• Evidence of operational plans being influenced by the strategic vision</li> <li>• Evidence of aligned or pooled budgets</li> <li>• Use of data to identify those at risk of readmission</li> <li>• Evidence of qualitative data derived from personal outcomes approaches (e.g. Talking Points) and how this is informing planning arrangements</li> <li>• Evidence of how clinical data and quality assurance frameworks inform development of operational planning arrangements</li> </ul>
<b>6.5 Commissioning arrangements</b>	<ul style="list-style-type: none"> <li>• Joint strategic commissioning strategies are in place that identify partnership priorities and resource contribution</li> <li>• Commissioning by partners is able to deliver increasingly personalised services</li> <li>• Views and preferences of adults, older adults and carers inform commissioning</li> <li>• Best value and best outcomes for adults and older adults determines the balance between direct provision and purchased services</li> <li>• There are sound monitoring and review systems, including effective collaboration with regulators and scrutiny bodies.</li> </ul>	<ul style="list-style-type: none"> <li>• Change Fund / Integrated Care Fund applications and reviews</li> <li>• Analysis of population needs – evidence of the use of the SPIRE tool</li> <li>• Development of supports for people with dementia</li> <li>• Analysis of needs and unmet needs from care planning</li> <li>• Mapping of services and gap analysis across services</li> <li>• Identification and mapping of health inequalities</li> <li>• Joint plans and joint commissioning strategies</li> <li>• User and carer involvement consultation groups for planning, reviewing and commissioning services and evidence of how consultations have informed commissioning</li> <li>• Provider forums</li> <li>• Published information on purchasing intentions</li> <li>• Records and audits of commissioning and purchasing decisions;</li> <li>• Procurement and contracting procedures and templates</li> <li>• Evidence that commissioning decisions are impacted</li> </ul>

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		positively on shifting the balance of care.	<ul style="list-style-type: none"> <li>Commissioning decisions are having a positive impact on outcomes for people</li> </ul>
9. Leadership and direction			
9.1 Vision, values and culture across the partnership		Main areas	Examples of Evidence
		<ul style="list-style-type: none"> <li>There is a clear vision for adult and older adults services with a shared understanding of the priorities</li> <li>There is a supportive and respectful culture with explicit shared values which all staff and managers are engaged</li> <li>Board members and elected members share these values and vision</li> <li>High standards of professionalism are promoted and supported by all professional leaders elected members and Board members</li> <li>Partners can demonstrate clear links between the vision and the strategic plans</li> </ul>	<ul style="list-style-type: none"> <li>Joint Strategic 10 year plan</li> <li>Committee minutes and public meetings</li> <li>Performance committee reports and reviews</li> <li>Meeting with elected members</li> <li>Meeting with board members</li> </ul>
9.2 Leadership of strategy and direction		<ul style="list-style-type: none"> <li>Senior managers promote collaboration between social work and health teams and other external partners</li> <li>There is a clear understanding for when partnership activity takes place</li> <li>Elected members and Board members promote partnership working</li> <li>Leaders of social work and health services have a high level awareness of future trends</li> <li>Social work and health services are aligned with</li> </ul>	<ul style="list-style-type: none"> <li>Single outcome agreements// Local Outcomes Improvement Plans</li> <li>Change / Integrated Care Fund Plans</li> <li>Meetings with senior managers and elected and board members</li> <li>Focus groups with staff</li> </ul>

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	community planning priorities	
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