PERTH AND KINROSS COUNCIL

Older People's Joint Inspection Action Plan Progress Report

Scrutiny Committee – 3 December 2014
Housing & Health Committee – 28 January 2015

John Gilruth Depute Director (Housing & Community Care) &
Evelyn Devine, (General Manager, CHP)

PURPOSE OF REPORT

This report advises Committee on progress towards 'Improvement Plan Actions' in the wake of the Integrated Inspection of Health & Social Care Services for Older People conducted during January/February 2013

1. BACKGROUND / MAIN ISSUES

In September 2013, a report from the Care Inspectorate and Health Improvement Scotland was received, following their joint inspection of Health & Social Care Services for Older People in Perth & Kinross, conducted earlier that year. The overall conclusions of the report were positive in relation to leadership and management of services, the quality of support offered to service users/carers and, in particular, the partnership approach adopted in relation to promoting community resilience. The report made a number of recommendations, however, in respect of improvements and these were subsequently incorporated into a Joint Improvement Plan – submitted to the Perth and Kinross Social Care Integration Pathfinder Board in February 2014.

The present report provides Committee with an update on progress, setting out high level action areas and then specific actions taken or proposed in order to effect desired improvements.

1.1 Update on Key Sections within the Action Plan

Outcome focussed approach/anticipatory care planning

1.1.1 'Develop a common understanding of an 'outcome-focussed' approach.'

Short life working groups, comprising Health & Social Care Managers, have been established under the auspices of the Integrated Health & Social Care Leadership Group in order to:

- Develop a model of an Integrated Care Team to be implemented in various sites across Perth and Kinross
- Take forward the Community Engagement process developed in Highland Perthshire across all major localities in Perth and Kinross – involving staff, local organisations and members of the community
- Develop a common understanding of 'Personalised Planning' which is meaningful to and employed by both Health and Social Care workers

1.1.2 ‘Co-ordinate work to reduce the number of days lost to Delayed Discharge’.

Daily updates on Delayed Discharge planning are now provided through a single contact point. Considerable additional investment has been provided by the Council to fund extra homecare and residential care. Work continues in the NHS to develop measures for responding to front door pressures. Work between Community Health Partnership and NHS Tayside colleagues is under way to try and further reduce the number of avoidable unplanned admissions through earlier identification of older people at risk of admission to hospital and to support co-ordinated work to deliver appropriate support in a community setting.

In the wake of a successful model of ‘Enhanced Care Team’ run by a cluster of GP practices around Dundee and Angus during the winter of 2013-14, a pilot model of an Enhanced Care Team will be run in two localities in Perth and Kinross in 2015. These proposals should greatly improve the range of information provided to GPs, including feedback on referrals made by them for Community Support as an alternative to hospital or care home admission

1.1.3 ‘Promote anticipatory care planning across relevant agencies.’

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An Anticipatory Care Plan (ACP) ‘Train the trainers’ programme has been developed by our colleagues in the Community Health Partnership. 8 ACP champions have been trained to cascade training to their colleagues within their activity area. A total of 77 staff across Health & Social Care have been trained by these champions. An evaluation of the approach is to be completed by August 2014. Additionally, both electronic and paper copies of the ACP form are being updated; EHealth is endeavouring to provide clinicians with access to ACP and key information summaries through the clinical portal; plans are also in place to support a public awareness campaign around ‘Power of Attorney’. Anticipatory Care Plans will also be a central element of the work to develop Integrated Care Teams.

1.1.4 ‘Improve the focus and quality of chronologies contained within files to ensure that these provide a list of key events.’

Further audits of the quality and existence of chronologies have been conducted within Social Care Teams which evidenced some improvement in practice and understanding. The ‘Personalised Planning’ working group, (under the auspices of the Integrated Leadership Group), will also aid a common understanding across Health & Social Care staff of the basic elements of a chronology – with the aim of introducing common chronologies in order to support integrated working. A further audit of Community Care practice will be undertaken during the month of November 2014 entailing a review of case files which will cover the existence and quality of chronologies, where relevant.

2. **Performance/IT Systems**.

2.1 ‘Improve access to information held within IT systems’

NHS Tayside plan to embed the Strata IT system across Tayside. Strata is a web based electronic pathway tool which can support referrals between agencies and the development of a shared assessment format. Phase 1 has commenced in Perth & Kinross with a focus on referrals between wards within a hospital setting. Phase 2 will entail an extension of this process within hospitals. Phase 3 will focus on connecting Council and Health Service information systems.

2.2 'Develop a more systematic approach towards the provision of public information'.

In the wake of the successful pilot Community Engagement exercise in Highland Perthshire, the Community Engagement and Capacity Building Working Group (under the ILG) is now setting out a programme for the delivery of similar engagement exercises across the remainder of Perth and Kinross. As the ILG enjoys a membership which extends beyond Health & Community Care to Housing, Capacity Building, the voluntary sector and shortly, the private sector, so the engagement exercise will involve more partners and should develop an even greater momentum as it seeks to create the relationships necessary for the development of local Health and Social Care plans, reflecting local profiles and local needs.

The Change Fund Newsletter continues to provide regular updates to Health & Social Care staff on locality development. The circulation of this newsletter will be extended to include meeting points to which the general public have access.

Arrangements have also been reached between NHS Tayside and Perth and Kinross Council with regard to the publication of key papers with direct relevance to Health and Social Care staff – particularly where these contribute directly to improvements in joint working.

Beyond this, NHS Tayside and the local authority are in the process of identifying that data which will be integrated into a Common Performance Framework. This will then be available to the Pathfinder Board and to staff within both agencies, once completed.

Locality Profile work is also underway to identify relevant demographics and patterns of service usage within specific localities. This work, started at a local authority-wide level some years ago as part of the Integrated Resource Framework, is now being taken down to locality level. This information will be shared, not only with Health and Social Care staff, but also with local communities between November 2014 – May 2015.

2.3 'Improve feedback to GPs who make referrals for Community Support Services as an alternative to hospital or care home admissions'

Community Care Team Leaders are currently identifying a member of staff to provide a link to every GP practice in Perth and Kinross. Beyond this, as

noted earlier, an 'Integrated Care Team' working group has been established under the auspices of the Integrated Leadership Group and has recently reported back on a proposed model of Service Integration at locality level. In essence, this will entail key members of Health and Social Care staff working with clusters of GP practices to identify older patients at greatest risk of admission to hospital or care home with a view to developing a more co-ordinated approach, consistent with maintaining their care and treatment in a community setting.

The development of Enhanced Care Teams (see 1.1.2) is also relevant to this improvement area.

2.4 'Develop a more forensic approach towards information-gathering from service users and carers.'

Securing consistent feedback from service users is a continuing challenge. Formal and informal complaints and letters of commendation tend to reflect the views of the least and most satisfied service users respectively. Various systems are in place to secure and collate service user and carer feedback across the service, in relation to different service user groups. The task on which we are now embarked is that of increasing the level of service user feedback and making it meaningful to those responsible for articulating strategies, and team/service plans.

To this end, Housing & Community Care staff are reviewing:-

- The appropriate media through which to secure service user feedback (letter, text, telephone)
- The key target groups from which to secure it
- The collation of such feedback into key messages for service, team and locality
- The comparison of collated service user feedback with staff feedback and performance information at locality level
- The manner in which this feedback filters through into Strategic Planning and, increasingly, Health & Social Care Locality Plans

Perth and Kinross CHP have started to employ the CARE patient feedback tool to measure communication and empathy within the therapeutic relationship during a consultation – which, in turn, supports person-centred care and better outcomes. The tool comprises 10 items relating to the patient's perception of the clinician's understanding of and response to the patient's concerns and fears. It is not a measure of technical skills, but measures the human aspects of the clinical encounter. In addition, NHS Tayside undertake a regular in-patient/patient experience survey as part of the Scottish Care Experience survey. This survey is conducted by post - covering 6 specific areas of in-patient experience.

3 Reablement/Homecare

3.1 'Ensure appropriate, effective and speedy entry into and exit from Reablement Service.'

Action has been taken to improve the quality of referrals to Reablement, reducing the risk of delays through the necessity for further assessment. A screening group was in place at the point of the Older People's Inspection – whose core aim was to improve the quality of referrals to Reablement. Its work continued for some time thereafter, but the need for this group has now passed, given the improvement in the quality of referrals.

This said, the proportion of older people now requiring social care support in order to exit promptly from hospital is now rising at such a rate as to test both Reablement and Homecare provision. Action is being taken with private Homecare Providers to address the issue of 'slow acceptance of referrals', but the twin problem remains of both ever increasing numbers of referrals through the hospital system and a private sector Homecare Service which has difficulty in recruiting sufficient staff to meet this rising demand.

4. Carers' Support

4.1 'Ensure that all carers for older people are offered an assessment.'

The recently reviewed Carers Strategy is to be considered by the Housing & Health Committee of Council in March 2015. One element of the strategy (already communicated by Operational Managers to front line staff) involves advice to staff on the identification of potential carers and the offer of an assessment. A second element, however, involves the extension of a growing partnership between PKAVS, the Council and the CHP through involvement of a local voluntary sector worker in each of the proposed locality integrated care teams – with a specific remit of identifying carers and working with them to develop support plans. A further element will involve a possible bid to the new 'Integration Fund' for the development of a Carer's Hub.

In addition, a Carers Liaison Worker post has now been created, based at Perth Royal Infirmary, with the specific task of identifying carers coming through the hospital system. This has significantly increased the numbers identified in this way and enabled assessments of their needs to be carried out.

5. Integration

5.1 'Improve outcomes for older people and their carers by developing a clear vision and commitment to Health & Social Care Integration'.

The consultation draft of the Integration Scheme, due to be submitted to the Council by mid-December 2014, will provide clarity on the range and nature of services to be included for the purposes of integration. The Strategic Plan,

currently in development and due for approval by the Integration Joint Board later next year, will set out the strategic ambitions of the Partnership. In the meantime, the Integration Leadership Group, as noted earlier, is taking forward key developments in the following areas:

- The nature of 'Person-Centred Planning', what this means to staff in both Health and Social Care, and how it will inform the future provision of Health & Social Care front line services
- The nature and objectives of Enhanced Care and Integrated Care Teams, their membership and target carer/patient groups
- The future shape of staff engagement and initiatives to support the development of integrated and enhanced care teams
- The immediate and longer term shape of engagement and planning with communities concerning the provision of health and social care support

Plans are now well underway for the hosting of community engagement events in localities across Perth and Kinross during 2015. Based on the Highland Perthshire Change Fund model of engagement, they will seek to engage, not only key health, social care, housing and voluntary sector staff, but also local stakeholders and groups, local people and, importantly, elected members. These events will share information with communities regarding current and projected demand for support to older people, and will seek to gather in local views about key local needs. From this, locality health and social care plans will be developed in partnership with communities which seek to make the best use of all available resources to enable our older people to remain as active and independent as possible within their homes and communities.

Simultaneously, Integrated Care Teams will be established in localities across Perth and Kinross in the coming year, which bind Health & Social Care partners into closer working relationships with GP practices and the patients/communities which they serve. The focus of these groups, initially, will be upon preventing older people ending up in hospital unnecessarily.

5.2 'Improve the standard and level of joint communication with health and social care staff.'

A Joint Communication Strategy has been approved at the Pathfinder Board.

Additionally, the 'Older People's Change Fund' newsletter is already widely circulated to Health & Social Care staff – as well as to other agencies. As proposals concerning forward service integration are agreed by the Board, so joint communications to staff will be drafted in order to support joint staff training and development measures necessary to take these initiatives forward.

5.3 'Develop the Joint Commissioning Strategy to provide longer term direction and workforce planning.'

The Joint Commissioning Strategy will be approved on the formation of the Integrated Joint Board, autumn 2015 – a status of authority conferred by the Scottish Government. It is anticipated that the Partnership will be awarded formal status by summer 2015 and that the Strategic Plan will be approved by autumn 2015. This said, work is currently ongoing which will support an increasing focus upon 'prevention' within our key 'places' or communities. The Integrated Leadership Group, as noted earlier, is taking forward two major initiatives designed to improve the responsiveness of Health & Social Care Services at local level and to work with communities in order to develop local health and social care plans which promote personal and community resilience.

The Integration Fund, successor to the Older People's Change Fund, will provide a further opportunity to test out new models of integrated working to support those with co-morbidities aged 50-65 years and the communities in which many reside.

The extension by the Scottish Government of the time period for completion of the Joint Commissioning Strategy will enable it to be informed by the above developments.

5.4 'Ensure the establishment of appropriate, effective and efficient arrangements for the administration of medication to older people requiring assistance.'

A large scale pilot entailing administration of medication by private homecare staff has been conducted in the Blairgowrie area. The findings and costings of this project will now inform decisions about extending this approach to other parts of Perth & Kinross. The key determinant is likely to be the relative costs of extending this project when compared with the relative benefits accrued from it to date. A further report is expected from the Lead Pharmacist within the next month.

6. PROPOSALS

6.1 In light of the progress in relation to the Action Plan to which this report relates, the following actions are now proposed:

- That lead Health Managers and Council Officers continue with the progress already made in relation to sections 1, 2 and 3 of this report
- That Committee supports the proposals within the Carers Strategy to improve the identification of carers
- That the Integrated Leadership continue its work on developing those structures and relationships necessary to deliver integrated health and social care support within communities
- That Council Officers determine, on the basis of a follow up evaluation of the Administration of Medication pilot, whether to extend the 'Administration of Medication by Homecare staff'

7. CONCLUSION & RECOMMENDATION

71. The 2013 Joint Inspection of Older People's Services provided a positive report on the overall quality of Health & Social Care provision within Perth and Kinross. The recommendations made within that report have been acted upon and progress has been made in all relevant areas.

7.2 It is now recommended that Committee:-

- Scrutinise and comment as appropriate on the content of this report

Author(s)

Name	Designation	Contact Details
John Gilruth	Depute Director, Housing & Community Care	01738 476711 jgilruth@pkc.gov.uk

Approved

Name	Designation	Date
John Walker	Executive Director, Housing & Community Care	6 November 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)'.

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

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 There will be Organisational Development costs attached to taking forward key proposals within this paper. These have been allowed for within the Change Fund while further OD requirements will see a bid to the new, Integration Fund. These costs are likely to derive from the need for:

- Project Management support
- Intelligence gathering
- Learning and Development Programmes for key staff
- Supply costs for release of staff for training

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 taken forward with 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 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.

No further action is required as it does not qualify as a PPS as defined by the Act and is, therefore, exempt.

Sustainability

Not applicable

Legal and Governance

Not applicable

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 to support the Change Fund for Older People and evolving arrangements to support the work of the Health & Social Care Integration Pathfinder Board have supported and will continue to support the actions noted within 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.