

South Ayrshire Council

**Report by Director of Health and Social Care
to Cabinet
of 23 May 2023**

Subject: Joint Inspection of Adult Community Health and Care Services

1. Purpose

- 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 Cabinet:

2.1.1 notes the positive outcome of the inspection;

2.1.2 endorses the work which has been undertaken and is planned; and

2.1.3 requests that 6 monthly updates are provided to the Service and Partnerships Performance Panel.

3. Background

- 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 focused on 5 key areas:

- Key performance outcomes;
- Experiences of people and carers;
- Delivery of key processes;
- Strategic planning, policy, quality and improvement; and
- 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, 3rd 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 30 March 2023.

4. Proposals

4.1 Members are asked to:

- 4.1.1 note the positive outcome of the inspection (details provided in [Appendix 1](#));
- 4.1.2 endorse the work which has been undertaken and is planned; and
- 4.1.3 request that 6 monthly updates are provided to the Service and Partnerships Performance Panel.

5. Legal and Procurement Implications

- 5.1 There are no legal implications arising from this report.
- 5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 Not applicable.

7. Human Resources Implications

7.1 Not applicable.

8. Risk

8.1 Risk Implications of Adopting the Recommendations

8.1.1 There are no risks associated with adopting the recommendations.

8.1 Risk Implications of Rejecting the Recommendations

8.1.1 There are no risks associated with rejecting the recommendations.

9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that

affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

- 10.1 **Considering Strategic Environmental Assessment (SEA)** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

- 11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

- 12.1 The matters referred to in this report contribute to Priority 3 of the Council Plan: Civic and Community Pride/ Community Engagement (Outcome 2).

13. Results of Consultation

- 13.1 There has been no public consultation on the contents of this report.
- 13.2 Consultation has taken place with Councillor Lee Lyons, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.

14. Next Steps for Decision Tracking Purposes

- 14.1 If the recommendations above are approved by Members, the Director of Health and Social Care will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

<i>Implementation</i>	<i>Due date</i>	<i>Managed by</i>
Improvement Action Plan	March 2024	Head of Community Health and Care Services

Background Papers [Care Inspectorate/ Healthcare Improvement Scotland - Joint Inspection of Adult Services: Integration and Outcomes – South Ayrshire Health and Social Care Partnership – March 2023](#)

Person to Contact Billy McClean, Head of Community Health and Care Services
Elgin House, Ailsa Hospital
01292 612465
Billy.mcclean@aapct.scot.nhs.uk

Date: 10 May 2023

Information re Outcome of Inspection

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

Key Area	Evaluation
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

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 2.1 sets out the key strengths for each of the five key areas.

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.

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.

2.3 **Key Area 5: Processes (Good)**

- 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.

2.4 **Key Area 6: Strategic Planning and Improvement (Good)**

- 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.

2.5 **Key Area 9: Leadership (Good)**

- 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.

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 outcomes	The partnership should continue to improve the capture of qualitative data as a performance measure.	In Progress: IJB self-evaluation session supported by the 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.
Experience of people and carers	The partnership should better capture the impact of its early intervention and prevention activity on people's experiences.	In Progress: 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.
Delivery of key processes	<p>The partnership should continue to focus on increasing the amount of anticipatory care plans to ensure every person has access to one.</p> <p>The partnership should continue their monitoring and improvement of self-directed support processes.</p>	<p>In Progress: 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>In Progress: Self-directed support lead appointed and improvement action plan in progress.</p>
Strategic planning, policy, quality and improvement	The partnership should be responsive to provider feedback, fully reinstating provider forums.	Complete: In person provider forums re-established December 2022.

Key Area	Recommendation for Improvement	Progress
Leadership and direction	The partnership should improve processes for gathering qualitative data, ensuring it is readily available for leaders and senior managers to further inform their decision-making.	In Progress: As indicated in improvement area 1.

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; and
- 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; and
- Five are in progress.

There were no risks identified.

The improvement action plan will be monitored through the Community Health and Care Governance Group and the Health and Care Governance Committee and an update will be provided to the Service and Partnerships Performance Panel every 6 months.