

Meeting of Lanarkshire  
NHS Board: 28 March 2018

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**SUBJECT: Report: Joint Inspection (Adults) –The Effectiveness of Strategic Planning in North Lanarkshire Health and Social Care Partnership**

## 1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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The purpose of this paper is to highlight the content of the Inspection Report: Joint Inspection (Adults) – The Effectiveness of Strategic Planning in North Lanarkshire Health and Social Care Partnership which was published on Tuesday 27<sup>th</sup> February 2018 by the Care Inspectorate and Healthcare Improvement Scotland

The report was shared with Members of the Performance, Planning & Resources Committee for the meeting on 28 February 2018 that had to be cancelled due to the Met Office weather warnings in force.

## 2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By Janice Hewitt Chief Accountable Officer Health and Social Care North Lanarkshire

## 3. SUMMARY OF KEY ISSUES

### Executive Summary:

The Care Inspectorate and Healthcare Improvement Scotland were asked by Scottish Ministers to report on the effectiveness of strategic plans prepared by integration authorities from April 2017 supported by inspections in each relevant authority area. (Page 2 of Joint Inspection (Adults) –The Effectiveness of Strategic Planning in North Lanarkshire Health and Social Care Partnership report)

Health and Social Care North Lanarkshire (H&SCNL) was the first area in Scotland to be inspected. This was due in part to the long standing successful working relationships between the inspection agencies, North Lanarkshire Council and NHS Lanarkshire, which it was recognised, would facilitate a mutual learning process linked to the development of a range of new quality indicators focused on integration (Page 26).

The Board will be provided with a short presentation highlighting the key messages within the report.

Grades:

Activity around only 3 of the 9 Integration Key Performance Indicators was assessed, with evaluation grades against only 2 aspects of these (Page 22).

Quality Indicator 1.1: Improvements in Partnership Performance in both Health Care and Social Care. **Adequate**

Quality Indicator 6.1: Operational and Strategic Planning Arrangements. **Good**

Quality Indicator 6.5: Commissioning Arrangements. **Good**

Quality Indicator 9.1: Vision, values and culture across the partnership **(Not subject to evaluation against the six point scale)**

Quality Indicator 9.2: Leadership of strategy and direction **(Not subject to evaluation against the six point scale)**

### 3.1 Background

3.1.1 The inspection took place between May and August 2017. The process included a review of strategic plans and an overview of delivery against national targets. The inspection team held a series of meetings over a two week period with over 250 members of staff, partners and stakeholders ranging from the Chief Accountable Officer and Senior Leadership team to elected members, IJB Board members and frontline staff (Page 27).

3.1.2 Whilst in the past a key aspect of an inspection would involve meeting with people who use services to seek their views. The Inspectorate took the decision not to do so at this time as they believe that the delivery of integrated services will have not yet resulted in an identifiable shift in individual outcomes (Page 2).

3.1.3 The focus of the Inspection was ensuring that the building blocks of the effective delivery of Health and Social Care Integration were in place to support the planning, commissioning and delivery of a high quality services in a co-ordinated and sustainable manner. Key aspects that were reviewed included:

- Developing a shared vision
- Leadership of strategy and direction
- A culture of collaboration and partnership
- Effective governance structures
- A needs analysis on which to plan and jointly commission services
- Robust mechanisms to engage with communities
- A plan for effective use of financial resources
- A coherent integrated workforce plan (Page 2)

3.1.4 The assessment of these areas allowed a determination to be made as to the clarity of the vision, values and culture of the partnership, the operational and strategic planning arrangements, improvements made in the delivery of health and social care services and the overall success of the leadership.

## 3.2. Inspection Report

### 3.2.1 Areas of Strength:

3.2.2 The Inspection team identified a number of strengths and areas of good practice within H&SCNL (Page 24) including the strong foundations that have been developed to deliver integrated health and social care (Page 5); the quality of our strategic needs assessments (Page 5) and locality profiles and the involvement of local communities, people who use services and carers in the development of our vision and plans. The details of these are outlined below:

- The IJB and senior leadership team have set a clear vision with a shared and explicit commitment to integrating services and locality working, taking a whole system approach to support the delivery of better outcomes in an integrated way (Page 22)
- The partnership has developed a range of detailed and comprehensive strategies to support the integration agenda with a strong locality focus (Pages 6 and 11)
- There is a shared vision and collective commitment to the development of the integration of health and social care in North Lanarkshire with the aim of supporting community capacity building and improvement in personal outcomes (Page 7)
- Well embedded locality structures have been enhanced to support more integrated working and a strategic approach to service planning and development (Page 7)
- A strong partnership is in evidence with the third sector interface and third sector service providers (Pages 6 and 10)
- Partners are willing to think about doing things differently and seek shared solutions to improving personal and organisational outcomes. This was evident through the establishment of the ISRB, the development of locality planning groups and the investment being made in initiatives to test out new ways of working (Page 11)
- There is a clear commitment to stakeholder engagement and to developing a mixed economy of care to enable choice and enhance capacity. (Page 10)

### 3.3 Areas for Improvement:

3.3.1 There were a number of areas where the inspection team saw room for improvement (Page 25) including the challenge of ensuring that people were not delayed in hospital and the subsequent pressures that this created for home support services (Page 23); the need for greater monitoring of plans in connection with improvement activity including anticipatory care planning (Page 17) and falls prevention (Page 16); the need for key stakeholders to understand and promote the vision of integration. The details of these are outlined below:

- Robust governance arrangements must be in place to evaluate performance and develop SMART action plans. These should be reviewed regularly to maintain a focus on improvement and to support informed decisions in respect of planning and commissioning. (Page 15)
- A plan should be produced in respect of developing a mixed economy of care. This should give a clear indication of how the partnership intends to engage with all stakeholders to

continue to shift the balance of care. It should also ensure that there is sustainable and sufficient service availability to respond to need, choice and equity of access across all localities with the aim of reducing the need for intervention at a point of crisis. This should be informed by the recommendations and actions flowing from the ISRB and the cross-party working group on home care.(Page12- 13)

- The partnership should develop or enhance current communication strategies to ensure stakeholders understand how the partnership will address issues such as aligning strategies, dealing with disinvestment decisions and progressing locality budgeting. (Page 23)
- Consideration should be given to how to raise the profile of some stakeholders in planning activity, specifically carers and independent sector providers. (Page 11)

**3.4 Conclusion**

3.4.1 The dynamic nature of a process such as integration means that any inspection can only ever be a snapshot of a point in time. However, this report highlights a number of areas of activity where H&SCNL are already achieving examples of success and areas of good practice. There are, of course, areas where there was work still to be done, reassuringly the majority of these had been identified internally as targets for continued improvement and which six months after the inspection visit have already progressed.

3.4.2 Since the inspection, there has been significant progress within the partnership, including:

- Completion of the Integrated Service Review Board and development of an associated programme plan for delivery in 2018/19
- Progress on developing a new model of Home Support, to be finalised at the March 2018 meeting of the IJB
- Development of an implementation framework around all key actions from the respective strategic plans of the IJB, North Lanarkshire Council and NHS Lanarkshire
- A review of user and carer representation has commenced, reporting to the IJB in June 2018
- Further refinement of action plans around Delayed Discharge and Unscheduled Care, with notable improvements in performance evidenced

**4. STRATEGIC CONTEXT**

This paper links to the following:

Corporate Objectives	<input type="checkbox"/>	LDP	<input type="checkbox"/>	Government Policy	<input checked="" type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input checked="" type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

**5. CONTRIBUTION TO QUALITY**

This paper aligns to the following elements of safety and quality improvement:

*Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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**Six Quality Outcomes:**

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

**6. MEASURES FOR IMPROVEMENT**

Action plans will now be developed to rectify the areas identified for improvement, which will be monitored by the H&SCP Senior Leadership Team and the IJB Performance, Finance and Audit Subcommittee.

**7. FINANCIAL IMPLICATIONS**

None.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

Risk management is an integral part of planning processes and inspection processes are included in our risk identification process.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	
Sustainability	<input type="checkbox"/>				

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

An Equality and Diversity Impact Assessment has been completed

Yes  *Please say where a copy can be obtained* No  Not applicable

**11. CONSULTATION AND ENGAGEMENT**

The inspection report has been widely shared through Health and Social Care Partnership structures and reviewed in detail via the appropriate Partnership Boards.

**12. ACTIONS FOR THE BOARD**

The Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		

1. Note the content of this report
2. Note the areas of improvement outlined in section 3.3
3. Note the work outlined in section 3.4.2

**13. FURTHER INFORMATION**

For further more detailed information or clarification of any issues in this paper please contact: Janice Hewitt Chief Accountable Officer HSCNL

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