



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018**

**REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ACTION PLAN  
IN RESPONSE TO THE SERVICES FOR OLDER PEOPLE (EDINBURGH)  
INSPECTION REPORT**

**REPORT BY: CHIEF FINANCE OFFICER**

**REPORT NO: PAC29-2018**

**1.0 PURPOSE OF REPORT**

Report No PAC42-2017 advised the Performance and Audit Committee, at the meeting held on 28 November 2017, of the inspection of older people’s services within Edinburgh Health and Social Care Partnership and the potential learning points for the Dundee Health and Social Care Partnership. The Performance and Audit Committee requested that an action plan, setting out improvements for Dundee, be prepared and presented to the Performance and Audit Committee by May 2018. This paper provides the Performance and Audit Committee with the proposed action plan.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the content of this report, the Dundee Health and Social Care improvement action plan as attached at Appendix 1 and the progress made to date.

**3.0 FINANCIAL IMPLICATIONS**

There are no financial implications as the changes will be managed with existing budgets.

**4.0 MAIN TEXT**

4.1 The Scottish Government has committed to a series of inspections across the partnerships within Scotland. The inspections will be carried out jointly by the Care Inspectorate and Healthcare Improvement Scotland. The focus of the current round of inspections relates to the provision of services for older people. The performance of the partnership is assessed using an inspection methodology, including a set of quality indicators. There are nine quality indicators:

- Key performance outcomes
- Getting help at the right time
- Impact on staff
- Impact on the community
- Delivery of key processes
- Policy development and plans to support improvement in service
- Management and support of staff
- Partnership working
- Leadership and direction that supports partnership
- Capacity for improvement.

#### 4.2 The inspection process includes three phases:

Phase 1 – Planning and information gathering; which involves the collation and analysis of information by the inspection team, prior to the onsite inspection. This will provide the inspection team with information including both areas of strength and weakness.

Phase 2 – Scoping and scrutiny; this includes the analysis of staff surveys, an examination of randomly sampled case records (100 case files); case tracking (follow up with individuals) and a series of scrutiny focus groups.

Phase 3 – Reporting; the jointly published report includes the evaluation against the quality indicators, examples of good practice and any recommendations for improvement.

4.3 Report number PAC42-2017, presented to the Performance & Audit Committee at its meeting held on 28 November 2017, highlighted the key learning points from the inspection of older people services within Edinburgh Health and Social Care Partnership. This report identified key learning points for the Dundee partnership in relation to the nine quality indicators by assessing both the narrative and the recommendations against current practice within Dundee. While there were already a number of strengths, there were gaps in both policy developments, strategic planning approaches and practice. The assessment also indicated a requirement to strengthen current infrastructures in order to support the capacity for performance reporting and strategic planning. The report author was asked to further develop this assessment into an improvement action plan and this is attached at Appendix 1.

4.4 The action plan sets out the improvement actions against the nine equality indicators. In recognition that many of the actions currently sit within both leadership/development groups and governance groups, this information is also provided, as is both the proposed timescales for completion and where applicable, progress already made. The committee is asked to note the contents of the action plan.

#### 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

#### 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	That progress is not made within the timescales indicated.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9
<b>Mitigating Actions</b> (including timescales and resources )	The action plan has identified leads, timescales and reporting arrangements. Slippage in delivering on the improvements will be identified at an early stage.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Approval recommendation</b>	Given the moderate level of planned risk, the risk is deemed to be manageable.

#### 7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE:19 May 2018

Diane McCulloch  
Head of Health and Community Care



## Dundee Health and Social Care Partnership – Action Plan in Response to the Services for Older People (Edinburgh) Inspection Report

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
<b>Key Performance Outcomes</b>	Review and refresh the Self Directed Support (SDS) Implementation plan.	Avril Smith - Hope	Personalisation Board	October 2018	Initial SDS update presented to IJB on 27 February 2018. Action Plan still to be revised.
	Review of service allocation in line with the principles of SDS and personalisation and revise service criteria accordingly.	Avril Smith - Hope	Personalisation Board	March 2019	Will be included within the Hospital to Home Improvement Plan.
	Develop an action plan to address complex needs delays.	Diane McCulloch	Home and Hospital Transition Group  PAC	June 2018	Will be included within the Hospital to Home Improvement Plan.
	Review, refresh and implementation of the communication and engagement strategy.	Allison Fannin	Communication and Engagement Group	March 2019	Work progressing.
<b>Getting help at the right time</b>	Develop a strategy for the sustainable provision of public information, including public facing mediums. This should include the following: <ul style="list-style-type: none"> <li>• Maintenance plan for updating the Dundee Health &amp; Social Care Partnership (DH&amp;SCP) Website</li> <li>• Review of leaflets and service information</li> <li>• Public accessible information portal.</li> <li>• Implementation of the Carers Act information requirements.</li> </ul>	Allison Fannin  Clare Lewis-Robertson	Communication and Engagement Group	March 2019	Option paper presented to the Personalisation Board regarding the replacement for My Life Portal.

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	Develop an anticipatory care plan policy for the DH&SCP.	Diane McCulloch Jenny Hill	Unscheduled Care Board	March 2019	Dedicated Anticipatory Care Plan worker in place.
	Development of a community palliative care programme for Dundee.	Beth Hamilton	Palliative & End of Life Care (PEOLC) Managed Care Network (MCN)  IJB	March 2019	MCN established.
	Development of an enablement strategy.	Alexis Chappell Beth Hamilton	IJB	March 2019	Project team being developed.
	Develop a single point of contact for access to partnership services.	Diane McCulloch	Senior Leadership Team	Dec 2018	Initial discussions commenced.
	Review of advocacy procedures and access.	Arlene Mitchell	Operational Management Group	March 2019	Project plan to be developed.
<b>Impact on staff</b>	Agree a process for the development of integrated posts within the DH&SCP which includes: <ul style="list-style-type: none"> <li>Identified posts</li> <li>Workforce governance</li> <li>Transition/change management process</li> </ul>	Diane McCulloch	DH&SCP Staffside/Trade Union Partnership Forum  Operational HR Forum	Dec 2018	Initial Transition Group established to manage move towards Integrated Managers posts.  Integrated managers' post agreed and graded

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	<ul style="list-style-type: none"> <li>Review of support and supervision arrangements.</li> </ul>				Development event planned.
	<p>Review and refresh the current organisational, workforce development and learning plan to include:</p> <ul style="list-style-type: none"> <li>Review of multidisciplinary training, development programmes and opportunities</li> <li>Agreed integrated mandatory programme set</li> <li>Integrated induction programme</li> <li>Introduction of practitioners' forums and multi-disciplinary networking events.</li> </ul>	<p>Diane McCulloch</p> <p>Dave Berry</p>	<p>DH&amp;SCP Staffside/Trade Union Partnership Forum</p> <p>IJB</p>	March 2019	Integrated Induction piloted.
	Develop robust Integrated data sets and reporting arrangements for HR (absence, vacancy levels, overtime etc.)	<p>Gillian Milne</p> <p>Iain McEachan</p>	<p>PAC</p> <p>Clinical, Care &amp; Professional Governance (R2) Group Group</p>	October 2018	Initial discussions commenced.
<b>Impact on the community</b>	Develop a DH&SCP volunteer strategy.	Diane McCulloch	IJB	Dec 2018	Initial scoping commenced.
	Review and progress DH&SCP equalities structure and equality outcomes, and enhance the use of EQIAs across the partnership to support decision making processes.	Kathryn Sharp	IJB	March 2019	Paper regarding HSCP equalities structure and responsibilities taken to IJB on 30 March 2018.

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<b>Delivery of key processes</b>	<p>Regularly report on operational service performance and practice data for scrutiny and remedial action as required. This should include:</p> <ul style="list-style-type: none"> <li>• Waiting times information</li> <li>• Unmet need</li> <li>• Access times</li> <li>• Referral and assessment data</li> <li>• Case File audits.</li> </ul>	<p>Diane McCulloch</p> <p>Kathryn Sharp</p> <p>Dave Berry</p>	<p>PAC</p> <p>Operational Performance Group</p> <p>Integrated Strategic Planning Group (ISPG)</p>	Ongoing	Waiting times reports prepared for PAC on 29 May 2018.
	<p>Review Adult Support &amp; Protection (ASP) procedures in line with recommendations from the ASP Inspection including:</p> <ul style="list-style-type: none"> <li>• Review of receiving services (MASH/ESG)</li> <li>• Development of integrated ASP procedures;</li> <li>• Development of integrated training plan.</li> </ul>	<p>Diane McCulloch</p> <p>Jane Martin</p> <p>Kathryn Sharp</p>	<p>ASP Committee</p> <p>Chief Officers Group</p>	March 2019	Quality Improvement in place which will consider current policies and procedures.
<b>Strategic planning and plans to improve services</b>	<p>Revise the current strategic planning framework to demonstrate a move to locality strategic planning, through the development of locality financial and performance data and a focus on locality engagement.</p>	<p>Dave Berry</p> <p>Kathryn Sharp</p>	ISPG	March 2019	Planning event for ISPG to be held June 2018.
	<p>Review the current Strategic Planning and Commissioning infrastructure to further develop the availability of financial and performance/needs assessment information</p>	Dave Berry	Senior Leadership Team	Dec 2018	Initial scoping completed.



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	for both future planning requirements and the evaluation and reporting on the impact of strategic plan.				
	Develop a robust system of evaluation and monitoring for the investment and disinvestment of partnership resources which takes into account the partnerships transformation and delivery plans.	Dave Berry Diane McCulloch	Transformation Delivery Group	Dec 2018	Transformation Delivery Group – established and delivering clarity around transformation programme.
	Develop a DH&SCP change process which includes expectations regarding risk assessments, consultation and engagement and change management planning.	Dave Berry Diane McCulloch	Transformation Delivery Group	Dec 2018	Initial scoping parameters to be agreed.
	Develop a single risk register for the partnership which reflects service risks and major change programmes and standardise across systems/services.	Dave Berry	IJB	Dec 2018	High corporate register in place with further consideration for service risks to be agreed
	Development of an asset property management plan.	Diane McCulloch	IJB	June 2018	Initial paper being developed.
	Develop an integrated information strategy which includes IT/Digital information sharing at both public and staff levels.	Dave Berry	IT Development Board/IJB	March 2019	MOSAIC project plan near completion.
<b>Leadership and direction</b>	Promote a culture of visible leadership.	David Lynch	Senior Leadership Team	June 2018	Chief Officer currently has planned programme of visits in place.
	Build on and further develop the leadership development programme for staff which supports a move towards integrated	Diane McCulloch	Senior Leadership Team	October 2018	Development budget allocated through the Integrated Care Fund.

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	management structures and which promotes leadership at all levels.	Debbie Booth/ Marion Logan			
	Agree an annual programme of development events for IJB members.	David Lynch	IJB	Ongoing	To be further considered by IJB.

Diane McCulloch  
09.05.2018