

Report

Report to:	Social Work Resources Committee
Date of Meeting:	19 September 2018
Report by:	Director, Health and Social Care

Subject:	Thematic Inspection – Self-directed Support
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the Committee that South Lanarkshire Health and Social Care Partnership will undergo a formal inspection of Self-directed Support in the autumn of 2018

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted; and
- (2) that the planned actions to prepare the Health and Social Care Partnership for the inspection of Self-directed Support are noted.

3. Background

- 3.1. South Lanarkshire Health and Social Care Partnership (HSCP) and its partners will undergo a formal inspection of Self-directed Support (SDS) as notified by the Care Inspectorate in their letter of 19 June 2018. This inspection is part of the Care Inspectorate's national programme of activity, whereby all council areas across Scotland will undergo a similar process across the next few years.
- 3.2. The format of this inspection will broadly follow similar national thematic based inspections and is comparable to the South Lanarkshire multi-agency inspection of Older People's Services in 2015, albeit on a smaller scale.
- 3.3. Following the notification letter, the Care Inspectorate has also made follow-up contact with the Chief Social Work Officer as part of initial discussions and liaison. This contact was made through the two assigned lead inspectors (John Skouse and Mike Harking) for the South Lanarkshire SDS Inspection. Overall, there will be a team of eight inspectors supporting the process.
- 3.4. The inspection process will comprise of a number of different stages as outlined below:
- ◆ week commencing 2 July and 9 July, a professional discussion was held with key stakeholders
 - ◆ a staff survey was sent through by the Care Inspectorate on 27 June for onward distribution to staff, with a closing date of 13 July 2018

- ◆ advanced information and position statement was sent to the Care Inspectorate by 20 July 2018. This is essentially a self-evaluation by the Council against the national Quality Indicator Framework. A total of 13 Quality Indicators out of the 28 Quality Indicators will be evaluated and an indicative scoring is required to be applied to these using the six point scale as outlined in Appendix 1. A copy of the Quality Indicator Framework is attached in Appendix 2 and for ease of reference, the inspection position statement requires that the Council submits a position against:
 - Quality Indicator 1.2
 - Quality Indicators 2.1 – 2.3
 - Quality Indicator 3.1
 - Quality Indicators 5.1 – 5.4
 - Quality Indicator 6.1
 - Quality Indicator 7.3
 - Quality Indicators 9.1 and 9.4
- ◆ a Pre-Inspection Return or PIR, covering key information on SDS personnel, organisational charts and a case file sample covering those in receipt of SDS is required to be submitted
- ◆ an evidence bank/log to support the Position Statement and alerting inspectors to key pieces of information for reference. This required to be submitted by 20 July 2018. This was duly submitted by this deadline date
- ◆ in terms of on-site activity, the Inspectors will be on-site on the weeks commencing 22 and 29 October. In the first of these weeks, they will scrutinise a sample of 60 case files, associated provider files and up to a further 20 cases where the referrals to Social Work Services was not progressed to an SDS allocated budget stage. The second week (w/c 29 October), will be scrutiny week, whereby the inspection team will look to meet with staff, senior managers, Integration Joint Board senior officers, providers, people who use services and their carer's and other relevant stakeholders

4. Preparation Arrangements and Next Steps

- 4.1. In terms of preparing for this inspection, the Lead Officer will be the Chief Social Work Officer, who will be supported by a Core Preparation for Inspection Team comprising of the SDS Fieldwork Manager and staff from the Planning and Performance Team. This Core Group has weekly touchdown meetings already established to review progress against an already drafted project plan.
- 4.2. Work is already progressing against each of the above areas, with the project plan referred to above having assigned leads. From a submissions perspective, the PIR and Position Statement will be brought back to a future meeting as part of familiarising and communicating the position of the Council and its partners with regards to this.
- 4.3. In terms of communication and engagement, there has already been initial communication with managers and frontline staff across localities. This will be followed up by further planned communications which summarise a number of aspects including the position statement and the areas that inspectors will wish to observe or speak to them about.

5. Employee Implications

- 5.1. Resourcing an inspection process is an intensive short-term piece of work. Although the intention is to resource this from within existing staffing complements, this will require some staff to be freed up from day-to-day tasks to prioritise inspection preparation as their immediate work objective.

6. Financial Implications

- 6.1. There are no financial implications associated with this report.

7. Other Implications

- 7.1. There is no risk implications associated with this report.
- 7.2. There are no sustainable development issues associated with this report.
- 7.3. There are no other issues associated with this report.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 8.2. There will be service user and carer engagement as part of this process. Service users and carers will be provided with full feedback of the outcome of this joint inspection.

Val de Souza
Director, Health and Social Care

9 August 2018

Link(s) to Council Values/Ambitions/Objectives

- ◆ deliver better health and social care outcomes for all;
- ◆ improve later life;
- ◆ get it right for children and young people; and
- ◆ improve health, care and wellbeing.

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Care Inspectorate

Level 6	Excellent	Outstanding or sector leading
Level 5	Very good	Major strengths
Level 4	Good	Important strengths with areas for improvement
Level 3	Adequate	Strengths just outweigh weaknesses
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weaknesses

Quality Indicators

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders through person centred approaches?	How good is our joint delivery of services?	How good is our management of whole systems in partnership?	How good is our leadership?
1. Key performance outcomes	2. Getting help at the right time	5. Delivery of key processes	6. Policy development and plans to support improvement in service	9. Leadership and direction that promotes partnership
<p>1.1 Improvements in partnership performance in both healthcare and social care</p> <p>1.2 Improvements in the health and well-being and outcomes for people, carers and families</p>	<p>2.1 Experience of individuals and carers of improved health, wellbeing, care and support</p> <p>2.2 Prevention, early identification and intervention at the right time</p> <p>2.3 Access to information about support options including self directed support</p>	<p>5.1 Access to support</p> <p>5.2 Assessing need, planning for individuals and delivering care and support</p> <p>5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks</p> <p>5.4 Involvement of individuals and carers in directing their own support</p>	<p>6.1 Operational and strategic planning arrangements</p> <p>6.2 Partnership development of a range of early intervention and support services</p> <p>6.3 Self-evaluation and improvement</p> <p>6.4 Performance management and quality assurance</p> <p>6.5 Involving individuals who use services, carers and other stakeholders</p> <p>6.6 Commissioning arrangements</p>	<p>9.1 Vision ,values and culture across the partnership</p> <p>9.2 Leadership of strategy and direction</p> <p>9.3 Leadership of people across the partnership</p> <p>9.4 Leadership of change and improvement</p>
	3. Impact on staff		7. Management and support of staff	10. Capacity for improvement
	3.1 Staff motivation and support		<p>7.1 Recruitment and retention</p> <p>7.2 Deployment, joint working and team work</p> <p>7.3 Training, development and support</p>	10.1 Judgement based on an evaluation of performance against the quality indicators
	4. Impact on the community		8. Partnership working	
	4.1 Public confidence in community services and community engagement		<p>8.1 Management of resources</p> <p>8.2 Information systems</p> <p>8.3 Partnership arrangements</p>	
<p style="text-align: center;">← What is our capacity for improvement? →</p>				