



Response to additional questions - Independent Review of Adult Social Care – advisory panel meeting - 1 October 2020

We're very interested in improvement and I note HIS in its submission says that using quality improvement methods to support effective implementation of change is not well embedded in the social care sector. I wonder if the CI has any plans to utilise these methods in its improvement work?

The Care Inspectorate recognised that the social care sector could be further supported to understand and implement improvement approaches to improve outcomes for those who experience care.

In 2017, we produced the very first Care Inspectorate Improvement Strategy. The Model for Improvement, adopted by the Institute for Healthcare Improvement, has been used successfully as our improvement methodology. This methodology is research-based and has shown that it can support the process of self-evaluation across health, social care and early years. This model provides a framework for identifying, testing and evaluating if an improvement has taken place to support implementing long-term changes.

Since the launch of the 2017-19 Improvement Strategy, using an improvement workshop approach, the Improvement Support Team (IST), along with inspection staff where appropriate, have built on and developed work with health and social care partnerships, provider organisations and groups of care services across the care sector to support and/or build improvement capability, which will improve the experience of care for people.

All permanent members of the IST have completed the Scottish Improvement Leaders course, which is a leading qualification in quality improvement and a key part of Scotland's innovative approach to address increasing demands across our public services by developing quality improvement capacity and capability. To date the workshop approach to building capacity has delivered 98 workshops to 1,782 delegates across social care.

The IST will continue to expand the provision of quality improvement activities as we implement our refreshed [improvement strategy 2019-22](#). This includes a scoping proposal of an Improvement Academy, hosted by the Care Inspectorate, to build capacity and capability internally and externally to support improvement across social care.

The Care Inspectorate's IST also support a range of specific pieces of improvement work at strategic and provider/service level. This can be reactively post inspection or proactively based on intelligence. An example of this can be seen with the reducing medication error project. The aim of this project was a 50% reduction in defined

medication incidents in participating care homes for older people. The project start date was September 2019, and the intended end date was 31 December 2020. The work also tested the use of quality improvement tools to improve the recording and administration of medicines in the care homes. At the point that they stopped involvement in the project, 8 out of 10 homes (80%) met the targeted reduction of medicines issues.

An example of a large-scale improvement programme is [The Care about Physical Activity programme \(CAPA\)](#), that worked with care professionals to support the use of Quality Improvement approaches. CAPA, which we designed and led, was an initiative to support national and local organisations to promote physical activity in care settings to enable older people to move more and live well.

The project team worked with services, care professionals, local care inspectors, designated partnership leads, integration leads, community groups and others across 18 Health and Social Care Partnership areas.

Sixty engagement and learning events were organised through the CAPA programme, with events ranging from eight to 152 participants from different services. In total, more than 2,500 participants across 18 partnership areas took part in the events.

CAPA has become a national movement for change and lives have been transformed through it. The programme was founded on evidence-based, effective practice and took a collaborative, whole-setting approach to effectively support the implementation of impactful and long-lasting improvements in social care services.

[Independent evaluation](#) found the programme had made a huge difference to the quality of life of those it had touched, and it enabled hundreds of people to realise their potential, including people experiencing care, care staff and local communities. It also impacted on the wider health and social care system, in some cases reducing the need for acute care, for example, through reducing the number of falls that people experienced.

Taking the principles of improvement, such as applied through the CAPA programme, and making the changes based on good practice builds a strong foundation to see transformation taking place and a radical change that meets the needs and reflects the choices of individuals and local communities.

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| And, to CI, could user experience be an improvement driver in social care in the same way? |
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Following a recent internal restructure, the Involvement and Equalities team is going to be sitting alongside the Improvement Support Team (IST) and reporting to the interim Head of Improvement. This change will further align these two workstreams when planning and implementing improvement work.

Through scrutiny activity all regulated services that undergo planned inspection are issued care service questionnaires (CSQs). These are completed by services users, relatives and staff in that service and provide insight into the view of those who use

and work in that service. Other intelligence from those who experience care such as complaints and soft intelligence, as well as the CSQs are used at inspection planning to tailor inspections. This intelligence enhances the inspection and supports the targeting of areas for improvement.

During inspection, inspectors and specifically inspection volunteers talk with people who experience care, to understand their experiences and see if there is anything that the inspector can do to support improvements in the service. These conversations are an important part of the inspection process. If, at inspection, there are areas for improvement identified from user experience, the IST and scrutiny colleagues can work together to coproduce improvement initiatives.

I note that both organisations mention commissioning in their submissions. The CI mentions a focus on commissioning but could you say a bit more about what that has or will involve?

Our considerations of commissioning are primarily through our joint inspection activity and in the context of our contacts with partnerships and service providers through our link inspector and relationship manager roles.

Strategic Commissioning

Commissioning in health and social care has a long history, that originated in social care with the implementation of the NHS and Community Care Act in the mid-90s. This developed into Joint Commissioning approaches from the mid-2000s up to its latest iteration as 'strategic commissioning', which is seen as a key driver of health and social care integration.

Definition

Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place

Guidance on Strategic Commissioning Plans,
Scottish Government, December 2015

Within legislation and guidance governing health and social care integration in Scotland, strategic commissioning is seen as a fundamental driver of change. The Public Bodies (Joint Working) (Scotland) Act 2014 requires each integration authority to produce a strategic plan. The Scottish Government's Strategic Commissioning Plan Guidance clarifies that strategic plans are the product of a range of strategic commissioning activities and so will be referred to as Strategic Commissioning Plans. Strategic Commissioning Plans describe how the integration authority will deliver the functions that have been delegated to it and the resources it has allocated to each function. It should also reflect at least two localities within its area and demonstrate how its resources and plans relate to the needs identified in its strategic needs assessment.

Commissioning and inspection and follow up improvement activity

Scrutiny provides the diagnostic tool that helps identify where improvement is needed and so promotes and supports continuous improvement in care. Through our inspection activity we identify and support improvement to help services make the positive changes they need to. Our inspection approach and frameworks are based on the internationally recognised European Foundation for Quality Management (EFQM) Excellence model.

Our focus is on strategic commissioning inspections, in line with The Public Bodies (Joint Working) (Scotland) Act 2014, which makes amendments to section 53 of the Public Services Reform (Scotland) Act 2010. This provides for the Care Inspectorate and Healthcare Improvement Scotland to jointly inspect health and social care services provided under integration functions in pursuance of an integration scheme.

In agreement with Scottish Ministers, the joint inspections of integration focused on the effectiveness of strategic planning by integration authorities. This included how integration authorities plan, commission and deliver services in a coordinated and sustainable way.

To date the focus of these inspections has been on the effectiveness of strategic planning in the partnership areas in relation to three key areas:

- **performance** and consideration of how the integration authority had improved performance in both health and social care
- **commissioning** and how the integration authority had developed and implemented operational and strategic planning and commissioning arrangements
- **leadership** and how well the partnership had established the vision, values and aims across the partnership, and the leadership of strategy and direction.

We have completed eight of these partnership inspections: North Lanarkshire (2018); Renfrewshire (2018); Clackmannanshire and Stirling (2018); North Ayrshire (2019); East Dunbartonshire (2019); Perth and Kinross (2019); East Renfrewshire (2019); and West Lothian (2020).

These inspections considered strategic commissioning plans across all adult care groups. We assessed the extent to which partnerships' commissioning intentions and activities were aligned with the partnerships' strategic plans and priorities. We reviewed how integration authorities had facilitated their local markets and assessed how well partnerships had engaged with all partners in the planning, design and development of social care services and in the quality assurance and improvement of these services once they had been commissioned.

Our findings about progress in relation to integration have been mixed. Key factors impacting on partnerships' progress included trust and collaboration between leaders, shared ownership of challenges and solutions, workforce planning, financial planning, quality assurance and self-evaluation. In relation to commissioning of services, we have reported on recurring themes around the need for improved

engagement with all partners and stakeholders in the development of commissioning plans and for whole system approaches to partnership resources. Inspection reports made recommendations relating to these issues. Partnerships submitted improvement plans setting out how they intended to address the identified areas for improvement following inspections.

Pre-COVID 19 the intention was to further develop the approach to the joint inspections of integration, in line with the ask of the Ministerial Strategic Group (MSG) for Health and Community Care, following its review of progress with integration of health and social care. The MSG review report proposed that in addition to scrutinising strategic planning and commissioning processes, strategic inspections be focused on what integrated arrangements achieve in terms of outcomes for people. This would also include examination of the performance of the whole partnership – the health board, local authority and Integrated Joint Board, as well as the contribution of non-statutory partners to integrated arrangements, individually and as a partnership and a more balanced focus across health and social care.

We developed a proposed scope and methodology for progressing inspections in line with this ask, with a clear focus of the inspection on the experiences and outcomes for people who experience care. The scope was agreed in principle at the start of this year, but a revised programme of inspection for this has not yet been approved. This work along with other inspection programmes has been interrupted with the response to COVID-19.

Subject to final approval and the development of an updated inspection programme for joint inspections of adult services, the intention is that strategic planning and commissioning of services will remain central to the proposed future joint inspection as one area of focus amongst a broader range of considerations including:

- **Outcomes achieved (personal outcomes):** outcomes for people using health and social care services - looking at the tangible difference integrated services are making for people including identifying any inequalities issues
- **Experiences (people's experience of health and social care services):** consideration of the views of individuals in relation to their experience of health and social care, including their interactions with health and social care staff
- **Delivery of key processes:** how the processes in health and social care, including assessment and planning, are helping to deliver safe and effective care and support to people, and ensuring that practice reflects the principles of integration and the expectations of service delivery under the adult social care reform agenda
- **Strategic planning and commissioning:** consideration of strategic needs assessment, strategic planning and commissioning, with a shift in focus to the implementation of plans and operational management and development and delivery of quality services
- **Leadership:** the quality and effectiveness of collaborative leadership and leaders as drivers of integrated health and social care.

Commissioning and link inspector and relationship manager roles

Within the context of health and social care service delivery, the Care Inspectorate has a specific interest in the planning and delivery of social care services for adults and older people. This includes services such as care homes, care at home and housing support services and registered day services. As a regulator we have a role in the registration and inspection of these services and in the provision of support for improvement as outlined earlier. In addition to these core functions, the Care Inspectorate engages with partnerships on an ongoing basis, providing support in their quality assurance of existing commissioned social care services, and where appropriate informing planning for the future of services.

Each integration authority is allocated a Care Inspectorate link inspector from our strategic inspection team and a relationship manager who manages a team of regulatory inspectors and has oversight of the adult social care services in a partnership area.

Our inspectors and the relationship manager link with operational teams in health and social care partnerships (HSCP) in relation to practice and quality issues in care services. We work with local operational social work teams and commissioning, contracts and quality assurance staff where there are quality issues, or where they are seeking advice on possible options for future developments for services that may need to be registered. We have a nominated relationship manager for adult care services in each of the HSCP areas who manages a team of inspectors of the care services in that partnership area. This relationship manager liaises with the contracts and commissioning staff in relation to current provision, the quality of services and emerging issues, and areas for improvement intelligence that informs local planning of commissioning of services.

The link inspector's role is to support improvement, focusing on the performance of social care services and public protection processes and identifying and sharing good practice and providing advice. This can include understanding the impact of commissioning decisions and highlighting and sharing good commissioning practice. The relationship manager works closely with the strategic link inspector to ensure the Care Inspectorate retains an overview of care services within the context of wider strategic issues and risks for the partnership, supporting the partnership in understanding these.

Market oversight

COVID-19 has highlighted that investment in our ability to have insight into the viability and sustainability of the care sector market would be of significant benefit. We have already had some discussions on market oversight with the Scottish Government and are actively exploring what a market oversight model might look like for the Care Inspectorate.