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17 December 2015
Our Ref: KR/AF/KM/kk

Dear Elaine

Joint Inspection of Services for Older People, Highland

As you are aware, we conducted a joint inspection of health and social work services in Highland between December 2014 and March 2015. This joint inspection process was intended to focus on the progress towards integrated working and evaluating the quality of care and outcomes for older people.

Firstly, we would like to put on record our appreciation for the positive engagement of your staff throughout the period of the joint inspection and thereafter. We found the staff working in Highland that we engaged with to be open, supportive and co-operative with our inspection team. Clear leadership and high levels of staff commitment were evident throughout our visit.

The Highland inspection has been an important opportunity for our organisations to reflect on the methodology and processes used to review the quality of care delivered in an integrated setting. The approach used on current joint inspections of services for older people was heavily influenced by an approach based on the scrutiny model used by the Social Work Inspection Agency prior to 2011. Healthcare Improvement Scotland and the Care Inspectorate have flexed this methodology to support reviews of health and social care delivery in a partnership based setting, where local authorities and health boards have worked with others, through community planning arrangements, to plan and deliver services. This model is now being further evolved and changed to reflect the significant changes in the health and social care landscape, including the prevalence of integrated joint boards from April 2016.

A key element of all of our inspection programmes is the rigorous quality assurance of our work. The quality assurance process seeks to ensure that the evidence, findings, recommendations and evaluations are justifiable, fair, balanced and proportionate. Alongside the provision of a transparent, public account of the quality of services for older adults, all our joint inspection reports seek to aid partnerships in confirming areas of good practice and the opportunities to guide and prioritise future improvement efforts. This is a major test of the quality assurance of our joint inspections.

We regret that our quality assurance identified aspects of this joint inspection process that fall below the standard required by both the Care Inspectorate and Healthcare Improvement Scotland. These issues relate in part to the ability of the joint inspection methodology to interpret, understand and meaningfully reflect the governance and operation of the lead agency model in Highland.

You will know that the lead agency model adopted in Highland means services are planned and delivered in a radically different way to areas which have been preparing for an approach where delivery is delegated to an integrated joint board. Since the fieldwork period for the inspection, we have identified limitations in the ability of the joint inspection methodology to interpret, understand and meaningfully reflect the significantly different governance and operation of the lead agency model used in Highland.

We are taking learning from this inspection into a review of the future shape and focus of our joint inspections. The review of our joint inspection methodology is being informed by a short life working group co-chaired by John Glennie, non executive member of the Board of Healthcare Improvement Scotland, and David Wiseman, non executive member of the Board of the Care Inspectorate. A central aspect of this review is ensuring that the joint inspection methodology adapts to the changing and varied landscape of health and social care in Scotland.

Given the important issues above, we believe the best approach to concluding the inspection is not to advance to the development and publication of a report, but to inform you of key observations through this formal letter and through further opportunities for professional dialogue between our respective organisations and your staff that you would find useful.

We appreciate that this will be extremely disappointing news to you and the Highland Partnership, and especially for all those who gave their time, views and ideas by participating in this joint inspection. We sincerely apologise for this situation arising.

Key observations

During and following the fieldwork, we had some observations about health and social work in the context of leadership, staffing and early developments that support improvement outcomes. Although our inspection team have had extensive engagement with many of your staff, we know these observations will be important for you, your senior staff and the Partnership in leading the development of integrated health and social care in Highland, so we provide these for your information and consideration:

- We saw positive outcomes for older people and their carers. We saw and discussed with your staff a number of new initiatives which were at early stages of development and implementation that were designed to improve outcomes for people in Highland.
- Staff were generally well motivated, committed and enthusiastic. There was evidence of good multi-disciplinary working and communication at team level. Staff felt they were

encouraged and supported by managers to work together to support older people to live in the community.

- The approach to community engagement was having a positive impact on supporting communities to make decisions on future delivery of health and social care services.
- Most staff felt that there was good teamwork between health and adult social work staff. Co-location was described as beneficial and had led to improved joint working.
- There was a wide range of training and development opportunities available to health and social care staff which were focused on improving outcomes for older people and their carers.
- Overall, there was a well embedded approach to partnership working in Highland. The involvement of third and private sector organisations was improving.
- The Chief Executive of NHS Highland was very supportive of staff and had spent time understanding their roles by personally engaging with services. There was a clear vision of integrated health and social care and most staff were committed to the achievement of this vision.

It was clear in the feedback we have received, that Highland is making significant progress and is starting to achieve many of the ambitions it set out for itself. We would welcome your invitation to follow up on this progress in the future using a methodology which is more bespoke to a lead agency model of delivery and supported by inspection staff with the appropriate expertise and knowledge.

We would, of course, be happy to discuss this letter with you.

Yours sincerely



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Chief Executive
Healthcare Improvement Scotland



Karen Reid
Chief Executive
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(known as "Care Inspectorate")

Cc Garry Coutts, Chair of NHS Highland