

Report of the Assistant Director – Joint Commissioning

Update on the Care Quality Commission Local System Review Action Plan

Summary

1. This report provides an overview of the Care Quality Commission (CQC) Local System Review Programme. The report highlights the key findings and recommendations for York, provides information on the local improvement plan and our current position on implementation of CQC recommendations.

Background

2. The Care Quality Commission (CQC) was commissioned to review twenty local systems during 2017 -18, focusing on how local services work together to support older people at the interface of health and social care.
3. The local system is defined by the Health and Wellbeing Board area, and therefore the City of York Council area. A performance dashboard of six key indicators was used to identify the initial programme of reviews. York was among the first twelve areas to undergo a review in this new methodology.
4. The review took place during the autumn of 2017, and included two onsite periods with focus groups, interviews and visits to services as well as documentary evidence provided by the full range of local partners.
5. The CQC Local System Review concluded with the publication of their report on 22nd December 2017. The full report is available at:
<https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

6. CQC has continued with the programme of reviews, publishing the national report on the first twenty areas in July 2018. It is available at: <https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>
7. In this national report, CQC summarise the ingredients for effective system-working as follows:
 - a common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
 - effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
 - strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
 - joint funding and commissioning
 - the right staff with the right skills
 - the right communication and information-sharing channels
 - a learning culture.
8. The thirteen recommendations for York address these aspects of joint working.

York Health and Wellbeing Board (HWBB) was required to submit an Action Plan to the Department of Health (now Department of Health and Social Care, DHSC) by 31st January 2018. A summary of the plan is available at:

<http://democracy.york.gov.uk/ieListDocuments.aspx?CIId=763&MIId=10242&Ver=4>

The HWBB was advised by the Social Care Institute for Excellence on the development of the plan prior to submission, as part of the process.

The plan included clear milestones and target dates for each recommendation. A high proportion of these have now been delivered as they focused on putting in place the arrangements for joint working. Achieving the improved outcomes for local people will be measured over the longer term.

9. The Place Based Improvement Partnership was established at the beginning of 2018, to take forward the Action Plan with a view to developing this as a single plan for improvement across the city.

The membership is at the most senior officer level of City of York Council, York CVS, NHS Vale of York CCG, York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Trust, GP Board Representative, NHS England and North Yorkshire Police.

Chaired by the Chief Executive of City of York Council, two meetings have been held so far, with the next on 5 September. The group has identified key work streams which align with the work of the wider Humber, Coast and Vale Sustainability and Transformation Plan.

10. A 'refresh' of the Improvement Plan has been undertaken with partners, and aligned to other existing programmes of work (such as the Complex Discharge Steering Group) to avoid duplication. The revised plan has been streamlined to focus on the operational work required over coming months. It will be shared with the Place based Improvement Partnership.

Progress to date – headlines

11. The Improvement Plan grouped the thirteen recommendations under three overarching strategic goals.

R	Strategic Goal	Progress so far
A	Single plan for City of York	See below: recommendations 1 - 3
1	System Vision for STP footprint	CYC and the partners of the Place Based Improvement Partnership (PBIP) are engaging in the emerging arrangements for the Integrated Care Systems and Partnerships, with PBIP priorities aligned to STP work-streams (Digital, Estates & Capital, and Workforce).
2	Develop relationships across system	Place Based Improvement Partnership (PBIP) has been established, chaired by Mary Weastell. PBIP named leads are sponsoring the improvement activity

		<p>described in the plan.</p> <p>It is expected that this partnership will strengthen opportunities for future integration.</p>
3	Clear evaluation to demonstrate impact	<p>Arrangements are in place for PBIP to monitor delivery against the improvement plan, with shared agreement to fully resource the programme management of this task.</p> <p>BCF Performance Framework has been developed and resourced, to build and maintain our business intelligence on activity and outcomes, linked to BCF investment.</p> <p>Quarterly returns to government are co-produced through the multi-agency group.</p> <p>In May we held the annual evaluation event for schemes funded through BCF.</p>

B	Enabling Integration	See below: recommendations 4 - 7
4	Move towards joint commissioning	<p>Assistant Director – Joint Commissioning has been recruited across CCG and CYC.</p> <p>Regular forum for operational development of Joint Commissioning has been in place for 12 months, involving CCG and CYC officers.</p> <p>Regular strategic forum across CCG and CYC is well established, and is being developed as a Steering Group, building on the progress of the Place Based Improvement Partnership. The CCG Capacity and Capability Programme has created a further opportunity to cement positive working relationships at the most senior level, fostering the conditions for integration.</p>
5	System wide response to managing market sustainability	<p>Ongoing development of the Market Position Statement as a live document with collaboration across health and care sectors.</p> <p>Shared investment in Independent Care Group (ICG) across NYCC and CYC to</p>

		enable dialogue and partnership with sector. Collaboration on key areas of work, between partners (NHS providers and CYC and CCG commissioners, including CHC/complex care/Quality team) on long term areas such as provider forums, Partners in Care etc. as well as responding to emerging issues and risks (such as safeguarding concerns and home closures).
6	IT interconnectivity and information sharing	Multi-agency Digital Roadmap and IT Integration working group in place since November 2017. Established sound working relationships to build regular communication. Initial focus on addressing frontline requirements for digital integration and information sharing via the One Team. Engagement in regional and sub-regional arrangements under STP, including Scarborough and Ryedale Digital Transformation Board.
7	Share learning and experience across staff groups	Workforce development activity has been developed and undertaken under the Complex Discharge Working Group, and as part of the development on Continuing Health Care (CHC). PBIP Workforce strategy is in development and will align to STP strategy. There remains a legacy of workforce strategy having been focused on individual organisations more than system wide development.

C	Right Care, Right Time, Right Place	See below: recommendations 8 -13
8	Communicate more effectively with people who use services	LiveWellYork website is now live. CYC Talking Points have been established, offering easier access to social care advice in the community. Local Area Co-ordination has been

		expanded.
9	Integrated assessment and reviews	This forms part of the High Impact Change Model (see recommendation 10).
10	Prioritise High Impact Change Model (HICM)	This work is led by the Complex Discharge Steering Group, which reports to the A&E Delivery Board. Progress is reported quarterly via the Better Care Fund (BCF) self assessment to NHSE. The HWBB received an update on this in July 2018. A description of the HICM is attached at ANNEX 1.
11	Fully implement 7 day working so people can return home	This forms part of the High Impact Change Model (see recommendation 10).
12	Embed medicine optimisation across system	<p>NHS Vale of York CCG is the lead CCG for the STP on medicines optimisation in care homes (MOCH) programme.</p> <p>VoY have received funding from NHS England for MOCH (~£70,000)</p> <p>This will be used to fund 2 WTE clinical pharmacists to conduct medication reviews in care home patients, with a specific focus on frail elderly and polypharmacy.</p> <p>York Trust will be providing the pharmacists and these pharmacists will be asked to work across the different sectors and liaise with key stakeholders regarding their work.</p> <p>They are going on their training in September to start the MOCH programme shortly after.</p>
13	CHC arrangements should be more robust and person centred	<p>A multi-agency working group is in place, linked to the Complex Discharge Steering group.</p> <p>Governance arrangements for decision making on individual cases have been improved. A dispute resolution protocol (relating to funding decisions) has been developed between agencies.</p> <p>Joint training has been developed and</p>

		<p>delivered for nursing and social work staff.</p> <p>A revised national framework is being introduced in October. Local arrangements are being refreshed in this context.</p> <p>Fewer Decision Support Tools (DST) being completed in hospital (the target is no more than 15%).</p> <p>The timeliness of DSTs is being improved (the target is 80% within 28 days).</p>
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Consultation

11. The multi-agency response to the CQC review has been overseen by the HWBB. The plan has been circulated to nominated lead individuals in each organisation to ensure that it does not duplicate existing work.

Options

12. There are no options associated with this report which is an update on progress.

Analysis

13. Not applicable.

Council Plan

14. There are no proposals linked to this report.

Implications

- 15.

- **Financial** (Contact – Director of Resources)

Both the CCG and CYC finances are affected by the level of CHC expenditure. People who fund their own care may become entitled to NHS funding if and when their needs change.

Some of the CQC recommendations require financial investment, or the commitment of resources such as staff time.

- **Human Resources (HR)** (Contact – Head of HR)

Workforce development is an important element of the programme to improve delivery across the health and social care system.

- **Equalities** (Contact – Equalities Officer)

No specific relevance

- **Legal** (Contact – Head of Legal and Democratic Services)

The overarching recommendations of the CQC report are intended to support York to achieve the strategic and operational aims of the Care Act 2014.

Recommendation 6: information sharing and IT integration must be based on sound Information Governance between and across organisations.

Recommendation 13: CHC is a legal framework with which we must comply.

- **Crime and Disorder** (Contact - Senior Partnerships Support Officer, Community Planning & Partnerships)

No relevance

- **Information Technology (IT)** (Contact – Head of IT)

No specific relevance, beyond the work described to address recommendation 6.

- **Property** (Contact – Property)

No relevance

- **Other**

No relevance

Risk Management

16. There are no known risks associated with this report.

Many areas of the CQC review reflect the high risk nature of the health and social care system.

Failure to achieve improvement in outcomes for local people would have a negative impact on the reputation of all organisations, and more critically, would mean that people do not experience the desired quality of life.

Conclusions

17. Since the publication of the CQC report in December 2017, partner agencies in York have been working together to implement the thirteen recommendations.

Many of the performance measures associated with the instigation of the review remain highly challenging.

Recommendations

Scrutiny committee to receive this report.

Contact Details

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TBC

Report Approved Date 7/03/2016

Specialist Implications Officer(s) *List information for all*

Implication ie Financial

Name

Title

Tel No.

Implication ie Legal

Name

Title

Tel No.

Wards Affected: *List wards or tick box to indicate all*

All *tick*

For further information please contact the author of the report

Background Papers:

All relevant background papers must be listed here. A 'background paper' is any document which, in the Chief Officer's opinion, discloses any facts on which the report is based and which has been relied on to a material extent in preparing the report (see page 5:3:2 of the Constitution).

Annexes

Annex 1

High Impact Change Model – a summary description is below. Information and resources about the model can be accessed via this link:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

4. The model

Change 1

Early discharge planning. In elective care, planning should begin before admission. In emergency/ unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.

Change 2

Systems to monitor patient flow. Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.

Change 3

Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector. Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities, promotes effective discharge and positive outcomes for patients.

Change 4

Home first/discharge to assess. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5

Seven-day service. Effective joint 24/7 working improves the flow of people through the system and across the interface between health and social care meaning that services are more responsive to people's needs.

Change 6

Trusted assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7

Focus on choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options. The voluntary and community sector can be a real help to patients in supporting them to explore their choices and reach decisions about their future care.

Change 8

Enhancing health in care homes. Offering people joined-up, coordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Abbreviations

- 1 Care Quality Commission (CQC)
- 2 York Health and Wellbeing Board (HWBB)
- 3 Department of Health and Social Care (DHSC)
- 4 York Centre for Voluntary Service (CVS)
- 5 National health Service (NHS)
- 6 Vale of York Clinical Commissioning Group (VoY CCG),
- 7 York Teaching Hospital NHS Foundation Trust (FT)
- 8 General Practitioner (GP)
- 9 Sustainability and Transformation Partnership (STP)
- 10 Place Based Improvement Partnership (PBIP)
- 11 Better Care Fund (BCF)
- 12 City of York (CYC)
- 13 Independent Care Group (ICG)
- 14 North Yorkshire County Council (NYCC)
- 15 Continuing Health Care (CHC)
- 16 Information Technology (IT)
- 17 High Impact Change Model (HICM)
- 18 Accident and Emergency (A&E)
- 19 NHS England (NHSE)
- 20 Medicines Optimisation In Care Homes (MOCH)
- 21 Whole Time Equivalent (WTE)
- 22 Decision Support Tools (DST)