

Agenda Item No: 8

CAMBRIDGESHIRE & PETERBOROUGH HEALTH & SOCIAL CARE SYSTEM PEER REVIEW AND CQC AREA REVIEW PREPARATIONS

To: **Adults Committee**

Meeting Date: **21 March 2019**

From: **Wendi Ogle-Welbourn, Executive Director and Charlotte Black, Service Director: Adults & Safeguarding**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key Decision: **No**

Purpose: **The purpose of this paper is to update Adults Committee members on progress against the recommendations from the Health & Social Care System Peer Review (September 2018), in preparation for a Care Quality Commission Area Review.**

Recommendation: **It is recommended that the Adults Committee consider the content of the report and raise any questions.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Charlotte Black	Names:	Councillors Cllr Bailey / Cllr Howell
Post:	Service Directors Adults & Safeguarding	Post:	Chair/Vice-Chair
Email:	Charlotte.black@cambridgeshire.gov.uk	Email:	
Tel:	01223 727993	Tel:	01223 706398

1. BACKGROUND

- 1.1 The purpose of the Health and Social Care (HSC) peer review was to help prepare the 'system', for a CQC local system area review. The onsite programme took place between 24 and 27 September 2018 and involved Cambridgeshire County Council, Peterborough City Council, Cambridge University Hospital (CUH)/Addenbrookes, North West Anglian Foundation Trust, Cambridgeshire & Peterborough Foundation Trust, Cambridgeshire & Peterborough Clinical Commissioning Group, Healthwatch and number of other voluntary organisations.

The scope of the review was:

1. Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?

Key lines of enquiries:

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the JSNA)
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

2. The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?

Key lines of enquiries:

- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm
- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

The peer review team fed back two key messages:

- *'From everything we read and from everyone we met and spoke to, we think you are in a really strong position and have all the right ingredients to move forward – we saw energy and commitment at all levels, from executive leaders through to front line staff and wider stakeholders – everyone wants to do the right thing for the people of Cambridgeshire and Peterborough*
- *Outcomes for people in Cambridgeshire and Peterborough – we have heard about some excellent services and approaches to prevention, keeping people well, supporting independence and avoiding hospital admission **but** this isn't consistent and when they do go in to hospital, you have a real problem getting people out'*

Plus the following key recommendations:

- A single vision that is person focused and co-produced with people and stakeholders
- Ensure strategic partnerships include Primary Care, Voluntary Sector and Social Care providers
- Governance – Strengthen the system leadership role of Health & Wellbeing Boards and clarify supporting governance
- Establish Homefirst as a default position for the whole system
- Simplify processes and pathways – make it easier for staff to do the right thing
- Data – build on the recently developed DTOC data report

Joint Commissioning

- Understand your collective pound and agree whether your resources are in the right place ahead of winter and in the longer term
- Develop and implement a system wide commissioning strategy to deliver your vision.
- Look creatively at opportunities to shift or invest in community capacity to fully support a home first model.
- Be brave and jointly commit resources in the right place
- Homecare – work together with providers to review current arrangements/new ideas/solutions
- Don't compete with each other as commissioners – recommend a fully integrated brokerage team
- Ensure any commissioning for winter/surge periods is joined up
- A significant piece of work to be done together to put Primary Care centre stage
- Voluntary and community sector – work with the sector as strategic and operational partners to capitalize on their resource and ideas
- Build on strong relationship with Healthwatch to add more depth to co-production

Workforce

- Develop a cross system organisational development programme that reflects the whole system vision and supports staff in new ways of working
- Provide greater clinical leadership to support new processes and new ways of working across the system

2. MAIN ISSUES

- 2.1 Following the peer review, an action plan was produced to monitor progress against the recommendations. The action plan is monitored by the Health Care Executive (HCE) and the Cambridgeshire & Peterborough Health and Wellbeing Boards. Please refer to Appendix 1 HSC Peer Review Action Plan.

Key progress headlines:

- Strengthen the system leadership role of HWB's and clarify supporting governance – **System leadership workshop to be scheduled for March 2019.**
- Establish Homefirst as a default discharge from hospital position for the whole system - **Agreed Single point of access to Pathway 1 between the LAs & the NHS.**
- Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing. **Adults Positive Challenge programme has been developed across Peterborough and Cambridgeshire which will focus on early intervention and prevention, with a more localised approach to supporting citizens to feel connected and able to help themselves and each other. Changing the conversation'** and carers workshops are being rolled out to relevant, frontline teams and testing is underway on new bite-sized TEC training, starting with 'How TEC can prevent falls'
- Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up - **FPPG meet monthly as a minimum if not fortnightly. This is a meeting all system Finance Directors to discuss and report on system finance. A system Winter resilience plan has been developed and there is a weekly assurance report reporting into the A&E Delivery boards.**
- Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand - **Joint Market Position Statement for Cambridgeshire and Peterborough has been published. Demand and Capacity workstream, with multi-organisation representation, is meeting regularly and undertaking a review of current and forecast capacity and demand across the system**
- Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues - **Both LAs are in regular dialogue with providers and managing any impact from Brexit.**
- Establish a fully integrated brokerage team - **Co-location with the CCG Continuing Health Care team has been agreed and is now in place. This will support closer working practices, clinical supervision and alignment of brokerage processes for CCC**
- Work with the voluntary and community sector (VCS) as strategic and operational partners to capitalise on their resource and ideas - **The VCS are represented on the Communities Network Group and engaged with development of the demand management programme**
- Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production - **Healthwatch undertook a review of Cambs and Pboro adult social care partnership boards and submitted a report. The CCG and LAs are exploring a joint approach. LAs to now consider contents of the report to assist in developing the partnership boards.**

Further work is needed to develop an integrated approach to tackle the workforce issues across the system. Charlotte Black and Wendi Ogle-Welbourn are monitoring progress to ensure key leads meet regularly to develop and agree the approach.

The Local Government Chronicle reported on 13 February 2019 that Matt Hancock has backed the CQC to continue with the Local Health and Social Care System Reviews. The reviews had been suspended due to funding however the Department of Health and Social Care have advised that the Health Secretary has now written to the CQC to commit to continuing this programme next year.

The LGA and Better Care Fund Support Team in NHSE have written to the CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The LGA and Better Care Fund Support Team in NHSE have written to the CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners.

3.2 Thriving places for people to live

There are no significant implications within this category.

3.3 The best start for Cambridgeshire's Children

There are no significant implications within this category.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

Following the peer review, there will be further engagement and communications with key organisations across the system to monitor progress on the recommendations in preparation for a CQC Area Review.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health	N/A

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
Appendix 1 <ul style="list-style-type: none">HSC Peer Review Action Plan	Charlotte Black Charlotte.black@cambridgeshire.gov.uk