

**CAMBRIDGESHIRE & PETRBOROUGH HEALTH AND SOCIAL CARE (HSC)
SYSTEM PEER REVIEW FEEDBACK**

To: Health and Wellbeing Board

Meeting Date: 22 November 2017

From: Wendi Ogle-Welbourn, Executive Director
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Recommendations: The Health and Wellbeing Board is asked to:

- a) Consider the content of the report and raise any questions

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1. PURPOSE

- 1.1 The purpose of this paper is to provide Cambridgeshire Health & Wellbeing Board members with feedback following the Local Government Association (LGA) Cambridgeshire & Peterborough Health & Social Care (HSC) System Peer Review, which was held between 24 and 27 September 2018.

2 BACKGROUND

- 2.1 Please refer to the HSC System Peer Review Briefing (Appendix 1) which includes background information to the Care Quality Commission (CQC) Local System Area Reviews and a link to CQC's Beyond Barriers Report (which details their findings from the initial 20 area reviews).
- 2.2 The purpose of the peer review was to help prepare the 'system', for a CQC local system area review and to help the system improve outcomes for local residents. 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 a number of other voluntary organisations.
- 2.3 The scope of the review was:

Scope Area 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 Enquiry (KLOEs):

- 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 Joint Strategic Needs Assessments, (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

Scope Area 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 Enquiry (KLOEs):

- 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?

2.4 The peer review team were:

Cathy Kerr, Lead reviewer LGA Associate

Katherine Foreman, Lead Reviewer LGA Associate

Avril Mayhew, Senior Adviser, LGA

Rose O’Keeffe, Discharge Team Manager, Kings Hospital, London

Sharon Stewart, Assistant Director, Southampton City Council

Tanya Miles, Assistant Director Adult Social Care, Shropshire

Lisa Christensen, Improvement Manager, ECIST

2.5 During the onsite programme, peers visited the CUH (Addenbrookes) in Cambridge and the City Care Centre in Peterborough, during which they looked at live patient records, visited wards and observed a range of meetings. The peer team also undertook a case file audit before they arrived onsite.

3. MAIN ISSUES

3.1 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’*

3.2 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

- 3.3 It should be noted that the peer team commented that the Joint Strategic Needs Assessment was very strong, reflecting a sound understanding of the needs of the Cambridgeshire and Peterborough population. However, the peer team did not see this fully translated into a clear strategic commissioning plan across health and social care.
- 3.4 The Cambridgeshire and Peterborough Health & Wellbeing Boards will be the governing boards which will monitor the 'system's' progress in action taken against the above recommendations and further preparations for a CQC Local Area Review.
- 3.5 A draft action plan was approved by the Health Care Executive on 31 October (Appendix 2).
- 3.6 A delivery group will continue to meet regularly to prepare for a Care Quality Commission Area Review. The group will include representatives from the organisations detailed in paragraph 2.2.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 4.1 The HSC system peer review is relevant to priorities 2, 4, 5 and 6 of the Health and Wellbeing Strategy.
- Priority 1: Ensure a positive start to life for children, young people and their families.
 - Priority 2: Support older people to be independent, safe and well.
 - Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
 - Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
 - Priority 5: Create a sustainable environment in which communities can flourish.

- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
CQC Beyond Barriers Report	https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england