

HEALTH & SOCIAL CARE PEER REVIEW

DATES: 24-27 SEPTEMBER 2018

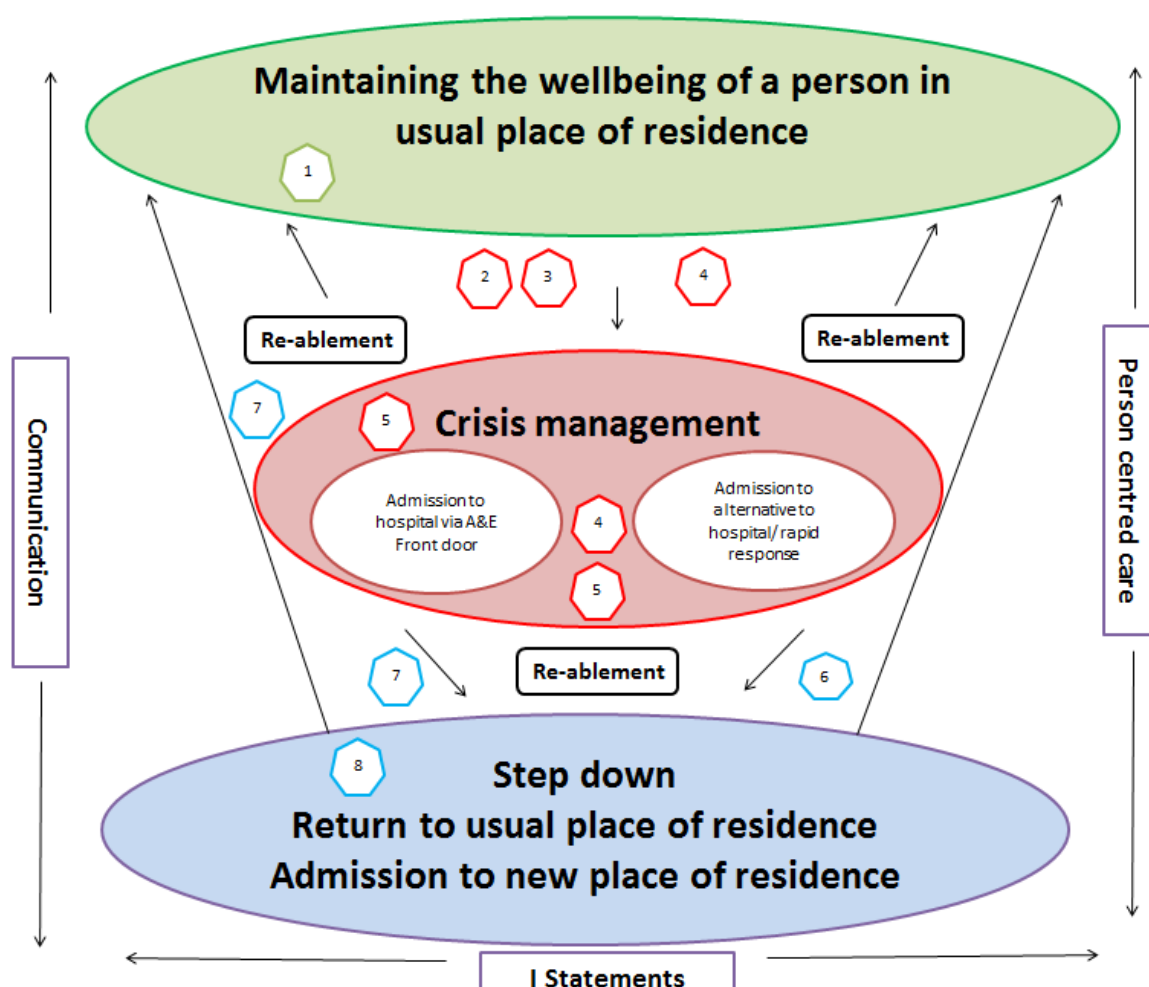
BACKGROUND

Following the budget announcement of additional funding for adult social care in 2017, the Care Quality Commission (CQC) was requested by the Secretary of State for Health to undertake a programme of local system area reviews.

20 area reviews were undertaken in 2017/18. The reviews were system wide and looked at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. The scope also considered:

- How do people move through the system and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care?
- How can this improve and what is the improvement offer?

Below is a diagram showing the main operational themes:



The reviews looked specifically at how people move between health and social care with a particular focus on people over 65 years old and what improvements could be made. They included services such as:

- NHS Hospitals
- NHS community services
- Ambulance services
- GP practices
- Care homes
- Residential care services

The reviews also considered pressure points such as:

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community health services / social care
- Varied access to alternative hospital admission
- Ambulance interface
- Voluntary sector interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to and transfer from reablement and intermediate care tier services

CQC have now published their final report: Beyond Barriers. The report identifies the following common themes:

<https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>

In the systems reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems. Health and care services can achieve better outcomes for people when they work together. Joint working is not always easy.

The health and social care system is fragmented and organisations are not always encouraged or supported to collaborate.

An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity.

CQC looked for effective system-working and found examples of the ingredients that are needed. These include:

- 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

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In the local systems reviewed, people were not always receiving high-quality person-centred care to meet their needs, or getting their care in the right place.

Peer Review

Peer reviews are a constructive and supportive process with the central aim of helping areas to improve. They are not an inspection nor award any form of rating judgement or score. Reviews are delivered from the position of a 'critical friend' to promote sector led improvement.

The peer challenge process is a learning process and will help the health and social care system to assess its current achievements and to identify those areas where it could improve.

Following a scoping discussion with the Local Government Association (LGA), the following two questions and supporting key lines of enquiry have been agreed by the Health Care Executive:

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?

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 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?

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?

Programme

The peer review dates are 24-27 September 2018. The peer team will interview system leaders, commissioners, service leads, operational staff, service users and carers. The peers will also review written documents from strategic plans to randomly selected case files regarding service users.

PEER REVIEW TEAM

CATHY KERR -CO-TEAM LEADER

A Director with over 8 years' experience as statutory Director of Adult Social Services (DASS) and extensive work in both the NHS and local government over a career of 35+ years. I have managed significant operational services and budgets, and led major change programmes; hospital resettlement, health and social care integration, and most recently establishing a single Adult Social Services 'shared service' to serve two local authorities. I describe myself as outward looking, with a readiness to try new ways of working, and a commitment to high quality support, and delivery.

I trained many years ago as a social worker, and gained front line experience in 2 London boroughs, before moving into more senior roles outside London, initially in NHS provider services, then as senior NHS commissioner, before moving back into local government as Assistant Director with responsibility for establishing and managing integrated services. I was DASS for 2 London Boroughs until April 2017, where again the integration of health and care – and wider partnerships- was a key part of my role.

Since leaving my recent role as DASS, I have worked as a Care and Health consultant choosing assignments which allow me to use my expertise – particularly around integration – to support care and health systems. Key assignments in the last year:

- Special Advisor on the Care Quality Commission (CQC) Area Reviews. I supported CQC in developing the review methodology and acted as Special Advisor on 11 out of the 20 reviews. The reviews focus on the 'patient journey' and how services work together to support people to stay in their own homes; to 'step up' at time of crisis; and 'step down' following hospital admission. I have taken particular responsibility for 'well led' aspects of the reviews, interviewing and engaging with front line staff and senior leaders, including elected members and chief officer staff from local government, the NHS and partner organisations. Feedback, from both CQC and local systems, has confirmed that my supportive and open approach has been instrumental in ensuring positive outcomes for local systems.
- Association of Directors of Adult Social Services (ADASS). I have undertaken a number of assignments including; developing a new leadership programme with partner Newton; I ensured ADASS needs were met and the first programme was implemented to plan in Spring 2018; representing ADASS in national NHSE led programme on DTOC / BCF – supporting the continued development of joint working at a national level; providing specialist support on behalf of ADASS in recent high risk case of major care provider failure; currently leading review of ADASS policy function.

KATHERINE FOREMAN-CO-TEAM LEADER

An experienced board level clinician with an extensive knowledge of acute, community, primary care, mental health and social care. Hands on experience of undertaking CQC, Local System Reviews across England. Strong track record of focusing on improving safety, quality and ensuring robust governance of organisations. Politically aware of the challenges of supporting complex transformational change across health and social care to improve patient care.

Career history

Care Quality Commission - Specialist Advisor (Local System Reviews)

- Participated in 10/20 LSRs, in the capacity as a health adviser, in recognition of my understanding of whole system approach to integrating services.
- Working collaboratively with other Specialist Advisers including Local Authority Chief Executives and DASSs focusing on governance, leadership, capability to deliver services, looking for

innovative solutions, financial awareness, understanding local need and partnership working to deliver solutions.

- Understanding of complex whole system working and using High Impact Change Model, DTOCs, and other improvement approaches

Faculty of Medical Leaders and Managers -Executive Coach

- Led a team of coaches who delivered a national NHS England coaching programme for doctors.
- Supported CCGs and STP leaders by coaching senior staff.

Healthskills – Leadership and Organisational Development Consultancy- Lead Consultant

- Led a team of 6 consultants focused on strengthening the frailty pathways across 3 London CCG's.
- Facilitated several large and small -scale events focusing on dementia and care planning in primary care.
- Wrote a London CCG's, Primary Care Educational and Development Strategy.
- Facilitated NHS England events focusing on improving care in care homes.

Topeka Healthcare Ltd – owner of independent consultancy -Managing Director

- Facilitated strategic discussions across health and social care focused on dementia and frail older people.
- Organisational development lead for a CCG, supporting clinical leaders to make transitions to strategic roles.
- Designed and facilitated board development programme for a Foundation Trust in Lincolnshire.
- Designed and delivered leadership development, using action learning for clinicians in a Community Trust.

Medway Clinical Commissioning Group -Independent Registered Nurse – Governing Body

- Chaired Safeguarding & Quality Committee across 3 CCGs in North Kent for 2 years.
- Chaired Quality, Finance and Performance Committee since 2015 involving Local Authority.
- Participated in strategic meetings including, STP, Board to Board, and NHSE Assurance meetings.
- Member of Primary Care Commissioning Committee, Conflicts of Interest Group and Audit Committee
- Focus on robust challenge regarding governance, integrating services and improving the quality and safety of services for local people.

NHS South of England Head of Improvement

- Member of National Improvement Advisory Board. Led a regional clinical change programme and coached Directors of Nursing.
- Member of team supporting the development of the NHS Change Model and NHS Change Day, published research on 'Delivering Change the NHS' with University of Sussex.

Care Services Improvement Partnership - South East Director of Service Improvement and Relationship Management

- Designed and led executive development programmes for clinical leaders and non-clinical directors resulting in delegates having a greater understanding of innovative models of care, focusing on how to integrate services and drive improvement and transformation,
- Developed a strategic joint commissioning programme to develop organisational competencies.
- Improvement Advisor to a Cabinet Office programme. Resulting in £1.8m savings.

Colchester PCT -Director of Service Improvement

Advisory roles -NICE

LISA CHRISTENSON

I have worked in the public sector for 39 years in local government, the voluntary sector and in the NHS. Since 1986, I have worked exclusively in the field of health and social care delivery, management and as a leader across the health and social care sectors. Most of my work has been in areas and systems that have challenging characteristics in terms of need, capacity, performance and impact on outcomes for service users. My roles have included:

- Manager of a voluntary organization providing supported housing to adults with learning difficulties in Haringey. (HAIL).
- Director of older people's services in Bradford Community Health NHS Trust
- Director of community health services in Bradford Community Health NHS Trust;
- Executive Director in Hackney Council (with responsibility for health partnerships and social services);
- Director of Social services and Health Improvement at Lambeth Council;
- Director of Social Services at Norfolk County Council;
- Director of Children's Services at Norfolk County Council.

In all my roles, I have worked across boundaries between health, social care and the voluntary and independent sectors to try to ensure the citizen is kept at the centre of things and that services take responsibility for fitting themselves together to meet the whole needs of the individual.

When I took early retirement in July 2013, I worked in the health and social care sectors as an independent consultant doing short term pieces of work.

In July 2016 I started working as a consultant social care lead in the Emergency Care Improvement Programme (ECIP) which is part of NHSI. The focus of this team is to work with hospitals and their partners to improve the journey and outcomes for patients who need to use acute hospital services in an emergency, by improving flow and reducing delays in treatment and discharge when acute treatment is complete.

Delay creates harm for those in the hospital and increases risk for those who may need acute care but struggle to get access because the system is over-heating with pressure due to delays in various parts of the system. I have found that my skills and experience in working in challenged, complex, health and social care systems to lead improvement and create a culture of partnership and trust, has been put to good use in my work in the ECIP team.

Since 2018 I have been directly employed by NHSI as an Improvement Manager (social care) in the Emergency Care Improvement Support Team (previously known as ECIP) working largely with systems in the Midlands & East.

ROSE O'KEEFE

I am employed to manage the discharge team at Kings who work across an average of 500 beds in an acute hospital trust based in inner London. I am the lead for the Trust in relation to the weekly DTOC meetings that take place with our local social care providers and for any escalations/discussion with the respective CCG's (Lambeth/Southwark). A large part of my role is working jointly with health and social care across the interface of discharge pathways in particular representing the Trusts position in relation to Discharge to Assess initiatives. I am a nurse by background with 29 years of experience in various acute hospitals in London.

Career achievements

I previously worked as a Risk and Governance manager which I found to be hugely rewarding and insightful. It ensures that I can look and process, pathways and policy in a variety of ways. I have worked on many joint initiatives with Lambeth/Southwark health and social care (SLIC) including a project on a designated elderly care ward which resulted in improving the quality of the discharge experience whilst reducing length of stay. I am proud of the twice yearly discharge market place events where I lead on ensuring internal teams and external partners are brought together to update the hospital staff about discharge pathways, referrals, and process to meet the individuals who make this happen for our patients. I have a swathe of nursing experience which I utilise in most aspects of the role and service that I deliver for the Trust. Discharge to Assess has been particularly successful with 95% of CHC assessments taking place outside of the hospital setting and has also delivered a length of stay reduction on average of 10 days. I have made a big contribution to making this work at the Denmark Hill site. I have been the joint lead in the development of an educational framework (levels 1, 2 & 3) for the ward multidisciplinary teams, to deliver discharge planning pathways training and including clarity on roles and responsibilities. We are about to commence Trusted Assessor with some of our local care homes and this will be an exciting initiative which will further demonstrate how integration works for patients.

Experience

I have experience of working jointly with health and social care to reduce the blockages to patient discharge- for example ensuring there is a 'choice' policy in relation to care home placements. I am the lead for this policy (having been part of the working group to produce it) in the hospital setting and ensure coordination with the local authority or CCG to work together to deliver a safe discharge destination. I have participated in audit exercises in relation to discharge, the quality being delivered and identifying some of the blockages to discharge pathways. Highlighting to LAs CCGs from the audit work the possible service changes required. I regularly attend site huddles and ward morning board reviews to ensure patient flow in the wider and assist with unblocking discharge pathways- using my external network to help assist and facilitate more timely discharges. I have experience of working closely with the Homeless team, Overseas visitor team and No Recourse teams to help expedite patient discharges that are particularly complex and often difficult to navigate. I remain curious and interested in the current role I deliver and would look forward to the opportunity to participate in peer review as I feel I have a lot of operational experience to draw on and as well would learn a great deal that I could bring back to my organisation.

TANYA MILES

I am a qualified Social Worker registered with the Health and Social Care Council and a qualified Nurse. I have worked in ASC for over 20 years, including 11 years as a practising Social worker. I have undertaken leadership roles for the past 12 years which have included Team leader for an Integrated Health and Social Care Learning Disability team, Service Manager for Community Operational teams and now Head of Adult Social Care for the last 2 years. I am acutely aware of the pressures in Health and Social care and understand the importance of working collaboratively to achieve the best outcomes for individuals.

I have a proven track record of leading Shropshire Adult Social Care through radical and unprecedented transformation in the delivery of ASC. We created a new vision and strategy which resulted in the 'Shropshire Operating Model' and we have been cited as leaders in the transformation of ASC. It was a bold and radical strategy based on experience and a strong commitment to do something different in response to the unprecedented demands on ASC and reducing budgets. We are now 4 years on and achieving better outcomes for Shropshire residents, improved performance results and have made Shropshire one of the top ASC services nationally.

Shropshire Council has recently been identified as one of the most improved Local Authorities for DTOC targets and we have been invited to a roundtable discussion with the Secretary of State for Health and Social Care to discuss how we have achieved over 91% reduction in delayed transfers of care from April 2017 to March 2018 by using a similar approach as with the operating model (collaboration, creativity, innovation, trying things out). The central reason that has created the difference and necessary change is strong, effective leadership. Communication, empowerment, direction and are the central themes that have enabled an approach which has become embedded throughout Adult Social Care (ASC). I have also led on a radical approach to IBCF, providing innovative solutions and collaborative approach. Ideas from the teams resulted in exciting, untried initiatives such as 2 Carers in a Care and generated enthusiasm in staff, encouraging team identity and working towards a common purpose and goal to enable dramatic improvements in DTOC. As Head of ASC, I am very proud of our achievements and welcome the opportunity to share my knowledge and experience

AVRIL MAYHEW

Avril Mayhew is a Senior Adviser within the Care and Health Improvement Programme and has the lead for DTOC improvement. She is currently works with national partners to coordinate and deliver a programme of support to councils and system partners that helps improve patient flow and reduce delayed transfers of care. As part of her role she has delivered on site support to approximately 25 systems in the last 18 months.

Her previous role was as Head of Service at Royal Borough of Kingston upon Thames where she reported to the Executive Head of Adult Social Care and was responsible for the development and delivery of a wide portfolio of services for Older and Disabled Adults.

This included:

- Head of Learning Disability services with operational responsibility for Community Learning Disability social work team; brokerage service; user involvement facilitators; service development; and lead responsibility for learning disability commissioning and quality assurance. She had budgetary responsibility of £17 million. Avril also significantly developed her project management and service redesign skills with a leading role in the transfer of Learning Disability provider services to a Social Enterprise.
- Older People's services: head of service for short and medium term support, assessment, urgent duty work and all new referrals to the Service, hospital discharge, safeguarding enquiries and investigations, homecare and reablement services, occupational therapy and equipment provision, mobile meals and telecare equipment.
- Other key achievements include the successful set up and operations of new teams and services in 2011, following major service redesign in the Council. This involved a review of internal management and governance structures and processes to create more effective service delivery, and the successful delivery of key national and local indicators including promotion of self-directed support and increase in personal budgets, reablement support and reductions in delayed transfers of care from hospital.

Current Position(s) Start Date – June 2015

Senior Adviser, Adult Social Care - Local Government Association (LGA)

Previous Position(s)

Service Manager - Adult Learning Disability Services - Royal Borough of Kingston upon Thames Feb-11 to Jun-15

Project Manager - Transforming Adult Social Care - Royal Borough of Kingston upon Thames Nov-08 to Feb-11

Principal Officer - assessment and care management - Royal Borough of Kingston upon Thames Jan-08 to Nov-08

Senior Practitioner (Adult Social Care) - Royal Borough of Kingston upon Thames Nov-06 to Jan-08

Team Manager - Older People's team - London Borough of Camden Jan-01 to Nov-06

Peer Challenge Experience: Project Dates

London Borough of Sutton – Peer Review Commissioning September 2014

London Borough of Hillingdon – Transition/Preparing for Adulthood March 2015

Manchester City Council – whole system review ASC April 2015

Rotherham MBC - Bespoke Adult Commissioning Feb 2017

Northumberland Council- Rapid Adults Peer Review 1 Sept 2016

Sheffield City-Adult Social Care CBO Peer Challenge-28 June-01 July

Berkshire West – DTOC peer review January 2018

Hospital to Home programme – Executive Peer visits June to September 2017

CQC Local Area Review – Hampshire, Specialist Advisor

LIZ GREER- REVIEW MANAGER

Liz is an Adviser, Adult Social Care with the LGA, and leads on the management and mitigation of risk in ASC and supports Avril on improving patient flow and reducing delayed discharge. Liz recently completed an evaluation of all national partners' DTOC support offers.

Liz has worked in human services in the public/not for profit sector at local, national & regional level for more than thirty years. Liz has substantial Programme and Project Management experience requiring coordination and management of multiple, simultaneous activities and projects in various locations on time, to plan and within budget. Liz is an experienced trainer, facilitator and action researcher, with membership of the Chartered Institute of Personnel and Development and professional qualifications in teaching, training, performance coaching and psychology with research methods.

Prior to joining the LGA, Liz was Care Act Programme Manager for North East ADASS, and has recent employment experience with the CQC, Healthwatch, Voluntary Organisations Network North East and Health Education England for the Northern Deanery. Liz has excellent verbal and written communication skills with a track record of designing and delivering original evaluations, reports, practice guidance and policy briefings as well as articles for publication and conference presentations on key social care and policy issues

Integration and Better Care

