Plymouth CQC Local System Review

CQC Local System Review- Background

- Following the budget announcement of additional funding for adult social care, the Secretaries of State have asked CQC to undertake a programme of targeted reviews in local authority areas.

- Each review will answer the question:

  How well do people move through the health and social care system, with a particular focus on the interface, and what improvements could be made?

- 20 Health and Social Care Systems to be reviewed

- First 12 identified including Plymouth with a review date of December

CQC Review Programme

Area	Site visit
Halton	21 to 25 August
Bracknell Forest	4 to 8 September
Stoke-on-Trent	4 to 8 September
Hartlepool	9 to 13 October
Manchester	16 to 20 October
Trafford	16 to 20 October
York	30 October to 3 November
East Sussex	13 to 17 November
Oxfordshire	27 November to 1 December
Plymouth	4 to 8 December
Birmingham	22 to 26 January 2018
Coventry	22 to 26 January 2018

Initial Performance Summary

| Local Authority	Emergency Admissions (65+) per 100,000 of 65+ population	90th percentile of length of stay for emergency admissions (65+)	Total Delayed Days per 100,000 18+ population	Proportion of older people (65+) who were still at home 91 days after discharge	Proportion of older people (65+) who are discharged from hospital who receive reablement/ rehabilitation services	Proportion of discharges (following emergency admissions) which occur at the weekend
Birmingham	16	5	14	13	5	9
Bracknell Forest	8	13	13	16	9	8
Coventry	16	14	15	10	15	3
East Sussex	4	16	14	1	14	14
Halton	9	16	15	15	6	10
Hartlepool	10	13	14	7	9	13
Manchester	16	10	11	16	6	8
Oxfordshire	9	1	16	9	8	4
Plymouth	3	7	16	8	5	14
Stoke-on-Trent	15	7	16	12	16	9
Trafford	14	15	16	1	10	6
York	12	8	11	15	12	15

CQC Approach

The local area reviews will consider system performance along a number of 'pressure points' on a typical pathway of care

- The local area reviews will focus on older people aged over 65

- Focus on the interface between social care and general primary care and acute and community health services

- Reviews will look at both a number of local areas that are performing well, and others that are not

- Each of the 20 areas reviewed will be provided with a bespoke letter detailing our findings that will be sent to the HWBB.

- The findings of the reviews will be compiled into a National Report to give overall advice to the Secretaries of State.

1. Maintenance of people's health and well being in their usual place of residence

2. Multiple confusing points to navigate in the system

3. Varied access to GP/ Urgent Care centres/ Community care/ social care

4. Varied access to alternative to hospital admission

5. Ambulance interface

6. Discharge planning delays and varied access to ongoing health and social care

7. Varied access to re-ablement

8. Transfer from re-ablement
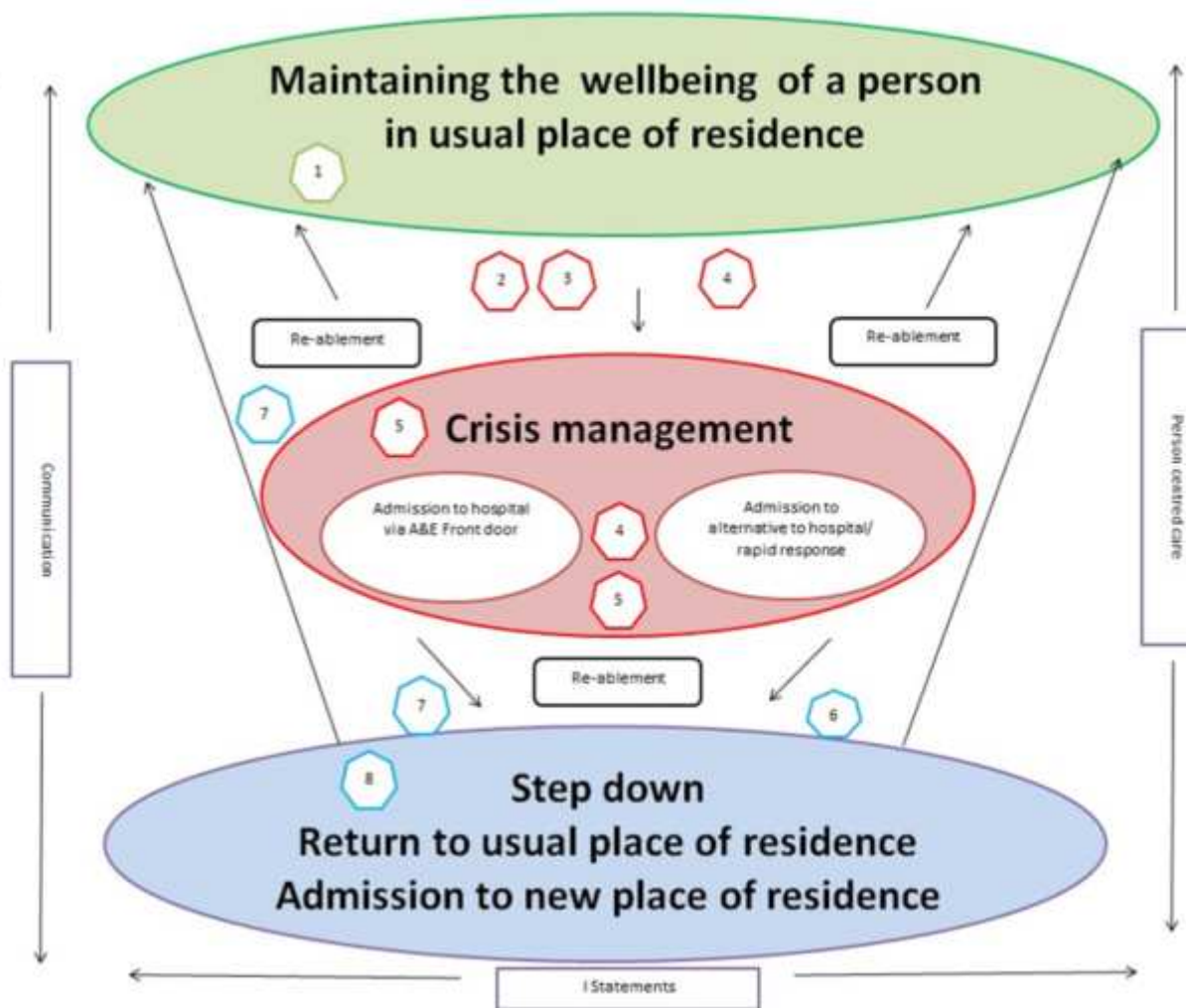
Key Lines of Enquiry

Safe

- How are people using services supported to move safely across health and social care to prevent avoidable harm?

Effective

- How effective are health and social care services in maintaining and improving health, wellbeing and independence?

Caring

- Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?

Responsive

- To what extent are services across the health and social care interface responsive to people's individual needs?

Key Lines of Enquiry

Well-led

- Is there a shared clear vision and credible strategy to deliver high quality care and support which is understood across the health and social care interface?

- What impact is governance of the health and social care interface having on quality of care across the system?

- To what extent is the system working together to develop its health and social care workforce to meet the needs of its population?

- Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?

Resource Governance

- How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting peoples' independence?
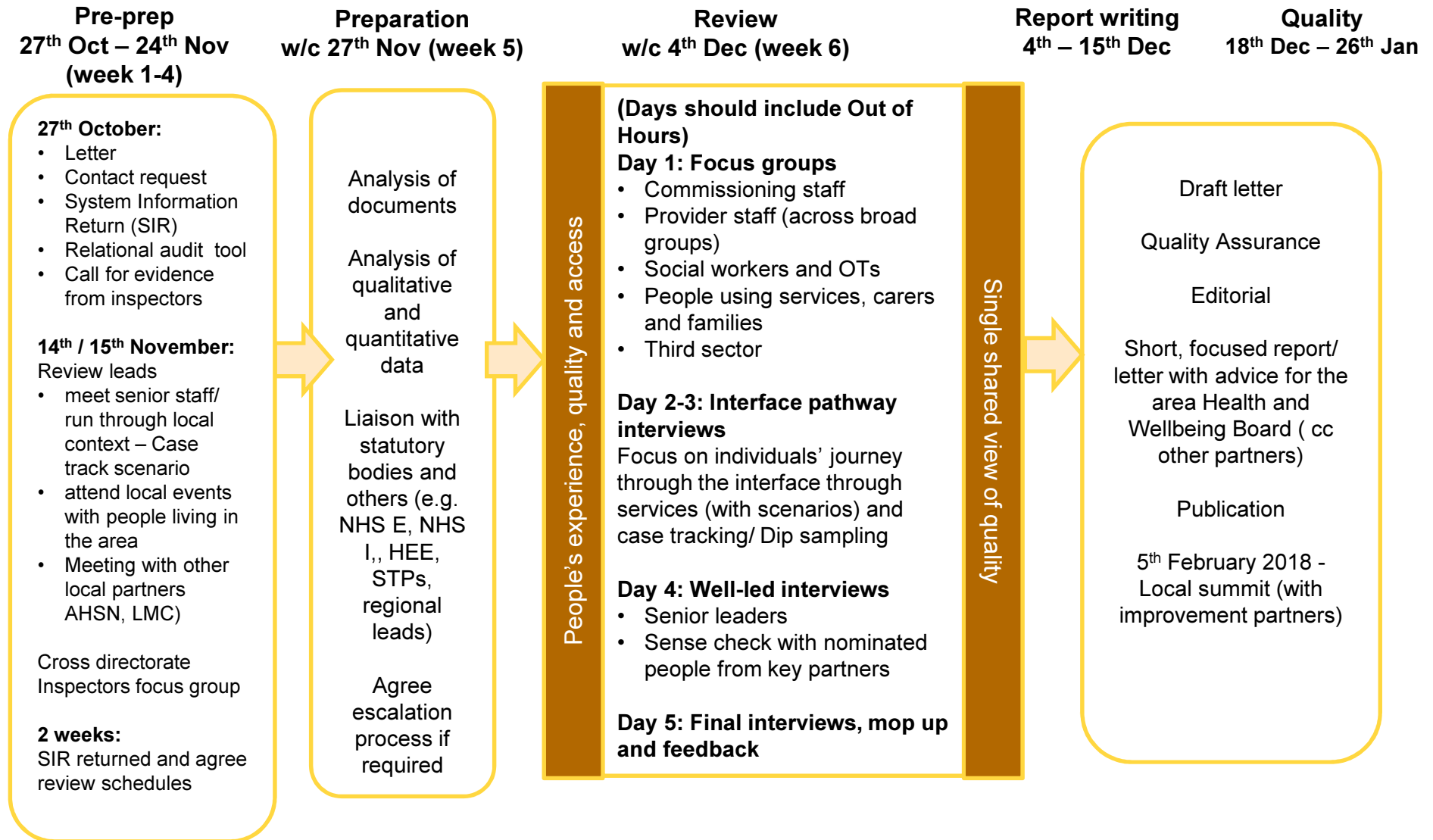
Local System Review Process

- Information Gathering
- Local System Overview Information Request
  - 1. Background to your local system
  - 2. People who use services, their carers and families
  - 3. Market shaping
  - 4. Integrated service delivery
  - 5. Monitoring performance and progress
- Site Visits including focus groups and interviews
- Relational Audit
- Case tracking
- Use of "I" statements
- Information flow tool

Who will be involved in the review?

The review will be whole system and will involve:

- Plymouth City Council
- NHS Northern, Eastern and Western Clinical Commissioning Group
- Plymouth Hospitals NHS Trust
- Livewell Southwest
- South West Ambulance Service
- Primary Care
- Healthwatch
- Voluntary and Community sector
- Independent Providers
- Service Users and Carers

Timeline

Pre-prep
27th Oct – 24th Nov (week 1-4)

27th October:
- Letter
- Contact request
- System Information Return (SIR)
- Relational audit tool
- Call for evidence from inspectors

14th / 15th November:
Review leads
- meet senior staff/ run through local context – Case track scenario
- attend local events with people living in the area
- Meeting with other local partners AHSN, LMC)

Cross directorate Inspectors focus group

2 weeks:
SIR returned and agree review schedules

Preparation
w/c 27th Nov (week 5)

Analysis of documents

Analysis of qualitative and quantitative data

Liaison with statutory bodies and others (e.g. NHS E, NHS I,, HEE, STPs, regional leads)

Agree escalation process if required

Review
w/c 4th Dec (week 6)

People's experience, quality and access

(Days should include Out of Hours)
Day 1: Focus groups
- Commissioning staff
- Provider staff (across broad groups)
- Social workers and OTs
- People using services, carers and families
- Third sector

Day 2-3: Interface pathway interviews
Focus on individuals' journey through the interface through services (with scenarios) and case tracking/ Dip sampling

Day 4: Well-led interviews
- Senior leaders
- Sense check with nominated people from key partners

Day 5: Final interviews, mop up and feedback

Single shared view of quality

Report writing
4th – 15th Dec

Quality
18th Dec – 26th Jan

Draft letter

Quality Assurance

Editorial

Short, focused report/ letter with advice for the area Health and Wellbeing Board (cc other partners)

Publication

5th February 2018 - Local summit (with improvement partners)

Current Priorities and Activity

System Contacts Form- Deadline 3rd November

Two Day Site Visit 14th and 15th November

- Focus Groups – System Leaders, OSC Chair, Domiciliary Care Providers, Residential Providers, Service User Support Groups, Healthwatch, Chief Executive and Leader, Primary Care and CQC Cross Sector Meeting
- Visits- Improving Lives Plymouth, Elder Tree, Advice Plymouth

Completing Local System Overview Information Request– Deadline 24th November 2017

Preparation

- Performance and Intelligence - evidence bank under development
- Communication - Engagement plan developed, briefings with providers scheduled
- Logistics – Venues booked, Welcome Packs under development
- Practice and Quality – Work underway to identify cases for audit

Self Awareness and Potential Lines of Enquiry

- Meeting Demand and Demographic Pressures

- System Flow

- Findings from Peer Reviews

- Primary Care Fragility

- Workforce Challenges

Learning from Others

- Bracknell Forest
- Halton
- Trafford & Manchester
- Hartlepool

Self Assessment Template (1)

<u>Background to your local system</u>

How are health and social care services organised to serve the population within your local authority area, in particular for people aged 65 and over?

What key partnership, commissioning and governance arrangements are in place across the system(s) to support the planning and delivery of joined up care for older people at the interfaces of health and social care?

What is the history of NHS and local government collaboration in your local authority area?

How effective are local relationships in delivering integrated health and social care for people in your area?

What significant pressures and challenges are you currently facing as a system(s) that impact on the delivery of joined up care for older people?

How have you managed changes to your system spend for older people and/or changes in demand for services since 2010/11

Self Assessment Template (2)

People who use services, their families and carers

How does your system(s) engage with older people their families and carers in how it designs, commissions and delivers services at the interface of health and social care?

How are you assured that older people are currently experiencing person-centred, coordinated and appropriate care as they move across different parts of the health and social care system(s)?

Market shaping

How are you collectively working as a system(s) to shape a high quality, diverse and sustainable health and care provider market that will enable older people to get the right care, in the right place, and at the right time?

What is your approach to system-wide workforce planning to make sure you have the workforce you need so that older people receive the right care, in the right place at the right time?

Self Assessment Template (3)

Integrated service delivery

How does your system(s) enable person-centred, coordinated local service delivery that supports the safe and smooth movement of older people through the health and social care system?

Monitoring performance and progress

What is the vision and strategic aims for the next five years to improve quality and outcomes for older people at the interface of health and social care?

Do you have a strategy for person-centred, coordinated care and support that all partners are signed up to?

What strategic and operational plans are in place to facilitate information sharing across the health and social care system(s)?

Learning from Halton- Overview Findings

Overall, there was a strong commitment from the local authority (LA) and the clinical commissioning group (CCG) to serve the people of Halton well.

The local authority and CCG had a clear vision for the borough that had been shared with its strategic partners and was well understood by their staff at a managerial and operational level. There were also well established, positive relationships across the health and social care system with a shared dialogue between the CCG and the local authority underpinned by a high level of trust.

Senior leaders were visible, accessible and approachable. Staff felt supported by their line managers and were encouraged to influence the design and delivery of services

The experiences of people receiving services in Halton varied.

Some older people from the Halton area had less satisfactory experiences when they were admitted to hospital; they were often experiencing long waits in A&E before being admitted to a ward. Once ready for discharge, some older people were subject to delays in their transfer home or to a new place of residence. In some cases people had suffered avoidable harm or detriment as a result of the delays, such as the development of a pressure sore.

Learning from Halton- Overview Findings

Initiatives were not always connected and joined up to inform whole system performance

The Health and Wellbeing Board would benefit from increased vigour in calling system leaders to account to ensure that agreed plans and service improvements are delivered at pace.

A cohesive interface and robust alignment between the local authority's and CCGs vision for the borough, the Local Delivery System, the STP and planned ACS should be developed. This alignment should be underpinned by shared success criteria, key performance metrics and formal joint governance arrangements so that the all partners have a voice and appropriate recognition in wider system planning.

Plans to meet winter pressures should be aligned and coordinated at a system level to ensure that actions between key partners, staff, and people are effective and communications with the public to deter hospital attendance are clear, helpful and consistent.

The implementation of local strategies and plans to reduce avoidable admissions to hospital and improve delayed transfers of care should continue at pace.

Learning from Bracknell Forest- Overview Findings

The majority of older people living in Bracknell Forest received good quality health and social care services in a timely way

There was a system-wide commitment to serve the people of Bracknell Forest well. There was a shared understanding across system partners of the challenges the system faced, and a willingness to work together to achieve solutions.

The STP was recognised as a driving force for culture change across the system and instrumental in supporting integrated working. The HWB was well established, mature and functioned effectively by monitoring planning, delivery and outcomes for local people.

All staff within the system, from front line staff to the leadership teams, demonstrated knowledge of STP plans and voiced their commitment to its aims.

Winter plans covering the resilience arrangements across the system had been formalised and agreed. All system partners including frontline staff across primary and secondary care were aware of the plans and had contributed to the planning processes.

Staff benefitted from strong visible leadership and clear direction. Feedback from front line staff was, in the main, very positive.

People who used services, their families and carers were engaged in developing and improving the health and social care interface

Learning from Bracknell Forest- Overview Findings

Workforce issues were identified across the whole health and social care system, and particularly in the recruitment and retention of carers that provided care to people in their own homes.

Some issues around the timely provision of hospital transport and medicines and these were contributing to delayed transfers of care and a poor experience for some people.

There was scope to increase the effectiveness of local engagement by working better with Healthwatch Bracknell Forest.

Ensure there are robust and regularly evaluated plans to manage the current and projected shortfall of care home provision and the provision of high quality dementia care.

Prioritise workforce development and continue to work collaboratively to deliver an integrated, skilled and competent workforce.

Ensure there are robust and regularly evaluated plans in place with a whole system approach to reduce the number of people readmitted into hospital within 91 days post reablement.