Plymouth Local Target Review

Action Plan Update 25/07/18

Why CQC started the Local System Reviews?

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

- Each review looked at answering the question:
  - *How well do people aged 65+ 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 were reviewed

- Plymouth was identified in the first tranche of 12 with a review date of December
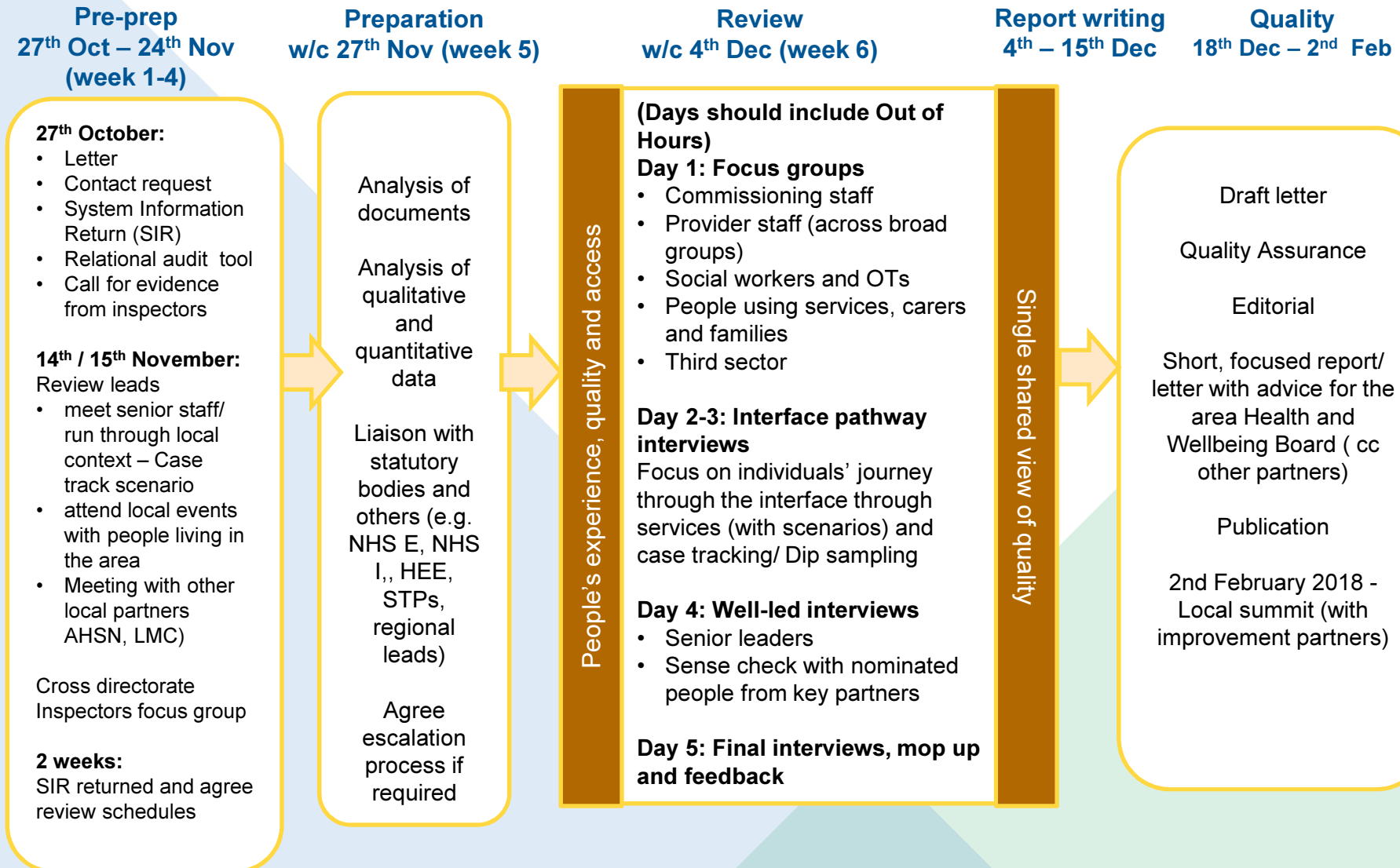
Why was Plymouth selected?

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

- At the time of decision Plymouth was rated higher than average against two national measures; average number of Delayed Transfers of Care (DToC) and a high number of weekend discharges.

What were the Local System Reviews looking at?

- The local area reviews considered system performance along a number of 'pressure points' on a typical pathway of care. This focussed on three specific areas of care:

  - Maintaining the wellbeing of a person in their usual place of residence
  - Managing people in crisis
  - Stepping down people to their usual or new place of residence

- From looking at these three angles CQC want to understand:

  - Experiences of older people aged over 65
  - The interface between social care and primary care and acute and community health services

- The findings of all reviews have been compiled into a National Report, *Beyond barriers: How older people move between health and social care in England,* to give overall advice to the Secretaries of State.

What did the review look like?

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

Preparation
w/c 27th Nov (week 5)

Review
w/c 4th Dec (week 6)

Report writing
4th – 15th Dec

Quality
18th Dec – 2nd Feb

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

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

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

Draft letter

Quality Assurance

Editorial

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

Publication

2nd February 2018 - Local summit (with improvement partners)

Overview of Findings

- The progress that the Plymouth System has made towards system integration was acknowledged by **Professor Steve Field, Chief Inspector of Primary Care Services who said:**

  "The review of Plymouth's services - and how the system works together – has found some shining examples of shared approaches. The system leaders had a clearly articulated, long-established vision of integration which translated well into local commissioning strategies. Leaders were consistent in their commitment to the vision with whole system buy-in."

  "I would encourage system leaders in Plymouth to drive this forward to ensure there is a more community, home-based focus. System leaders also need to ensure that as the system moves towards further integration, work is undertaken to ensure that staff are fully engaged, from the outset and led by a collaborative leadership."

Key Findings (1)

- Local people were not always seen in the right place, at the right time, by the right person.

- A 15% GP vacancy rate in Plymouth saw substantive GPs carrying patient list sizes of 2,364 patients on average compared with 1,950 on average for the whole of NEW Devon CCG and this meant people could not always see a GP when they needed to.

- A&E attendances were rising (but remained below average), the four hour target was not being met and the ED felt highly pressurised.

- The MIU and Acute GP service were helping to divert people away from A&E, but they could do more. There needs to be a cultural shift; staff within the ED need to more proactively refer people to those services designed to help prevent admissions.

- Bed occupancy rates were high and people were staying longer than they needed to.

Key Findings (2)

- Discharges were not being discussed early enough and whilst there had been some improvements in performance and a reduction in assessment delays, the number of DTOCs remained higher than average.

- Relationships amongst System Leaders were strong, collaborative and there was real evidence of effective partnership working, particularly amongst commissioners.

- Cross-party support of political leaders was encouraging to see and shared the commitment to both the vision and strategy between leaders and officers provided stability.

- The system's journey to integration had begun and was on a positive trajectory.

- There was a compelling strategic vision, but its success was at risk due to:
  - Capacity of services, workforce challenges and organisational development.
  - Current performance in relation to flow and Continuing Healthcare (CHC).
  - Plymouth's significant financial pressures which also placed the STP at risk.

Key Messages

- There was a compelling vision, strength in leadership and strong relationships amongst leaders. However, this had not been translated to the front line and people's experiences were variable.

- The system needs to continue with transformation whilst addressing current performance issues.

- There needs to be a shift away from an over-reliance on bed-based care to keeping people well in their own homes.

- The system needs to future proof the workforce and capacity of primary care and social care to cope with an increase in demand.

- There needs to be system-level evaluation and learning to lead to improvements.

- Organisational development work is needed to improve communication and integrated working between front-line staff.

What Came Next?

- Following the Local Summit, February 2nd, the Plymouth Health and Wellbeing System developed an Action Plan detailing to meet the recommendations from the report

- The CQC Action Plan was approved by Plymouth Health and Wellbeing Board, March 22nd to be overseen by the board alongside Adult Health and Social Care Scrutiny Committee, as agreed with Cabinet

- The plan is monitored directly by the Department of Health and Social Care through regular updates

- The plan is overseen at the Local Care Partnership with updates provided to Health and Wellbeing Board and Scrutiny Committee

CQC Action Plan

- Plymouth's Local Summit identified the following actions in response to CQC's recommendations which make up the CQC Action Plan:

Commissioning & Market Management

- Develop Commissioning Intentions to signal market requirements for 2018/19
- Develop and support Care Homes
- Develop and remodel the Domiciliary Care market
- Develop Voluntary & Community Sector engagement to maximise their contribution
- Work with NHS England to deliver sustainable and transformed Primary Care using existing strategy/plan
- Development of Integrated Care Model

Staff & Organisational Development

- Develop Local Workforce Strategy & Implementation Plan

System Improvement

- Admission Avoidance schemes
- Hospital Flow and Discharge
- System improvement actions
- Continuing Healthcare (CHC)

Commissioning and Market Management

Develop Commissioning Intentions to signal market requirements for 2018/19	Commissioning Intentions in place: • Thrive Plymouth/A Caring City/Wellbeing Hubs/Making Every Adult Matter • Transformed and Sustainable Primary Care • Integrated Children's Young People and Families Services, • Commissioning an Integrated Care Partnership • Local, Integrated and Responsive Mental Health Services, • Enhanced Care and Support • Support for people with Learning Disabilities and Autism/Enhanced Health in Care Homes /Enhanced and Enabling Home Care/Housing and Support
Develop and support Care Homes	• Commissioners and Providers are working towards launching the Enhanced Health in Care Homes model, an NHS England best practice framework for what the Care Home market should look like. • The programme is being led by Livewell South West, with leads for each element coming from University Hospitals Plymouth, NEW Devon CCG, Plymouth City Council and Livewell. • An exercise benchmarking how close the system is to the framework and which areas need to be prioritised has just been completed. The actions identified are forming the developing project plan. • Delivery against the project plan will be managed by the Programme group consisting of key figures from across the system • Proud to Care Event
Develop and remodel the Domiciliary Care market	• New fees agreed with Providers • New system for understanding capacity of Domiciliary Care providers across the system launched. This has already led to improvements in how we understand and manage the market. • Discharge to Assess Launched • A Single Accountable Provider model for Domiciliary Care is in development • Independence at Home model completed a tender exercise in early July, applications are now being reviewed and capability assessed

Commissioning and Market Management (2)

Develop Voluntary & Community Sector engagement to maximise their contribution	• Urgent Care workshops have taken place with good attendance from VCS organisations. Workshops mapped current interfaces between services for hospital admissions and discharge based on national best practice 'why not home, why not today?' • Follow up workshops are continuing to take place to consider preventing admissions, hospital flow and discharge • Findings from the workshops are being used to support the remodelling of pathways in to and out of the Hospital to improve patient flow and improve patient's experiences • British Red Cross based in the Hospital and Mount Gould Local Care Centre are supporting discharged patients and providing a 6 week support offer which includes shopping and collecting prescriptions
Work with NHS England to deliver sustainable and transformed Primary Care using existing strategy/plan	• Work underway to design a sustainable system based on the Primary Care Home model including: care for people in care homes, extended primary care team and extended access • Working closely with the developing Strategic Commissioner to tie in with plans regionally such as telephone triage and use of prescribing and acute hub • Extended access pilot launched in June • International GP Recruitment Programme is progressing at pace with International GP Fairs taking place in early July • Early visiting scheme being piloted for care homes with primary care and community crisis response team undertaking a test of change
Development of Integrated Care Model	• As part of the development of the Commissioning Intentions, NEW Devon CCG have been developing the Commissioning and Contracting Approach for the Integrated Care Partnership • Programme Director for Integrated Care has now been appointed by Livewell South West and University Hospitals Plymouth who is leading on the integration and transformation planning for both organisations

Staff and Organisational Development

| Develop Local Workforce Strategy & Implementation Plan | • LGA are supporting the development of the strategy and have created a framework to guide the improvements to our local health and care workforce

• Multi Agency Workforce Strategy in place

• Gathering of existing workforce strategies and plans across the system continues whilst the workforce group are currently agreeing the criteria to help assess whether existing strategies are still fit for new purpose.

• Initial principles and actions have been identified for a system-wide, high-level integrated workforce strategy, these are:

    • Vision and strategic objectives to be aligned to others as needed eg STP, HWBB, commissioning intentions etc

    • Secure system leadership commitment and resources to operationalise the strategy and take ownership for leading within own part of system; resources may include analytical capacity

    • Whole system approach: providers as well as commissioners; co-produced

    • Whole workforce: leaders through to frontline staff (including elected members)

    • Robust predictive population-based analysis and modelling of where the right skills need to be to meet need in the future |

System Improvement

Admission Avoidance/Hospital Flow and Discharge	- In May and June, Plymouths Health and Wellbeing system has undertaken a Hard Reset process involving leaders of all organisations in our system meeting to discuss daily performance and agree daily actions to unblock and correct issues. - The Hard Reset has led to significant system improvements including: - Reduction in <u>Delayed Transfers of Care with the system delivering under the National 3.5% target for 9 consecutive weeks</u>. - Increase in number of discharges - The percentage of medically fit patients waiting for discharge has reduced - The Hospital is making good progress towards it's target for admitting patients within 4 hours of presenting at the Emergency Department. However, further improvement is required. A recent external review has taken place – report awaited. - Discharge to Assess pathways have been reviewed and reframed. The Home First (assessment at home) is now being implemented. - Reviews and management of internal delays continue to result in better management of Stranded and Longer Length of stay patients – Currently in the top quartile nationally - Community Hospital Length of Stay (14 day target) has reduced. Patient led white boards have been implemented with positive feedback. Process for management of DToC implemented and numbers reducing - Integrated Hospital Discharge Team – zoned to provide continuity across wards – evaluation supports reduction in complex delays. - Tactical Control Centre – reviewed and redesigned. Care Traffic Control Centre will replace this function. Test of change started mid-July - Acute assessment unit - Phase two development plan agreed in outline which includes extending working week and direct referral process to be agreed (bypassing ED)

System Improvement (2)

System improvement actions	• <u>Single Access Route to LWSW</u> – Challenge from report that providers, carers and clients had difficulty contacting the right person within LWSW. In response, LWSW have remodelled their front door to create a single access point and are currently implementing this model. Service manager has now been appointed to drive through the operational procedures and new role profiles for staff within the function are being evaluated • <u>HWB Hubs</u> – 1st hub launched in March at the Jan Cutting Healthy Living Centre. Hubs at Four Greens Community Trust, Whitleigh, and Improving Lives Plymouth, Mannamead in development. • <u>Risk Stratification</u> – Commissioners and clinical leads have been working with practices to implement the Electronic Frailty Index, pre-emptively identifying those at risk of negative frailty related outcomes. Full roll out due March 2019 linking in with Social Prescribing and implementation of Health and Wellbeing hubs
Continuing Healthcare (CHC)	• Meeting with Adult Social Care CHC lead to review waiting list and identify areas for training and to analyse source of referrals taking place • All Discharge to Assess cases have been allocated and planned in to 28 day completion processes • Training to support reduction in referrals and increase in quality of assessments started in April. Well attended and positive feedback. Train the trainer event attended by NEW Devon CCG, and awareness sessions have now been completed. Further sessions being planning to introduce the revise CHC framework alongside fast track training • Completion of review of total backlog and outsourcing- all booked or completed awaiting return

Reflections and Next Steps

Reflections

- Quarterly meetings with DH&SC are in place and pace and progress has been recognised
- System still remains fragile around Primary Care, Workforce, and System Flow
- Hard Reset has achieved significant progress-challenge is to embedding and sustaining changes pivotal to Winter Preparedness Plans

Next Steps

- Development of two year commissioning plan supporting the commissioning intentions, including:
  - Implementation of Enhanced Health in Care Home model
  - Launch of two more Health and Wellbeing Hubs
  - Development of the Local Workforce Strategy
- Maintaining improvements in system performance