

ADULTS AND COMMUNITIES SCRUTINY COMMITTEE	AGENDA ITEM No. 7
13 NOVEMBER 2018	PUBLIC REPORT

Report of:	Charlotte Black, Service Director, Adults & Safeguarding	
Cabinet Member(s) responsible:	Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health	
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CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND SOCIAL CARE PEER REVIEW UPDATE

R E C O M M E N D A T I O N S	
FROM: Service Director, Adults & Safeguarding	Deadline date: N/A
<p>It is recommended that Adults and Communities Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Consider the content of the report and raise any questions 	

1. ORIGIN OF REPORT

1.1 This report is presented to the Committee at the request of Charlotte Black, Service Director, Adults & Safeguarding.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to update Adults & Communities Scrutiny Committee members on the delivery of the Local Government Association (LGA) Health & Social Care System Peer Review.

2.2 This report is for the Adults and Communities Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1. Adult Social Care
2. Safeguarding Adults

2.3 This report links to the following corporate priority:

- **Safeguard vulnerable children and adults**
The peer review reviewed a number of adults services and processes to help us keep vulnerable adults safe.

3. TIMESCALES

3.1

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 Please refer to the Health & Social Care System Peer Review Briefing (Appendix 1) which includes background information to the Care Quality Commission (CQC) Local System Area Reviews, a link to CQC's Beyond Barriers Report (which details their findings from the 20 area reviews carried out), the scope and key lines of enquiry for the peer review and details on the peer review team members.

4.2 From the 20 areas 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.

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

- 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

4.4 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.

4.5 In light of the findings CQC have made the following four recommendations to local and national leaders including government:

1. An agreed joint plan that sets out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period
2. A single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people
3. The development of joint workforce plans with more flexible and collaborative approaches to staff recruitment, retention and development
4. New legislation to allow CQC to regulate systems and hold them to account for how they work together to support and care for older people.

4.6 The purpose of the peer review was to help prepare the 'system', for a Care Quality Commission (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.

4.7 The scope of the review was:
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 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

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?

4.8 The peer review team were:

- Cathy Kerr, Lead reviewer Local Government Association (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

4.9 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.

4.10 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 is not 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
- Do not 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

4.11 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.

4.12 A draft action plan will be presented to the Health Care Executive on 31 October for consultation. Once finalised, the action plan will be presented to the Cambridgeshire and Peterborough Health & Wellbeing Boards and Adults Committees.

5. CONSULTATION

5.1 Regular updates have been presented to the Joint Health & Wellbeing Board and the Health Care Executive.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The peer review has assisted in helping the health and social care system prepare for a possible CQC area review.

7. REASON FOR THE RECOMMENDATION

7.1 Although the peer review was not an inspection it provided a critical friend approach to challenge the local authorities and our partners in assessing strengths and identifying our own areas for improvement.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None.

9. IMPLICATIONS

Financial Implications

9.1 There are no financial implications. The peer review cost is being covered by the Local Government Association.

PCC’s current total budget for adults services is £44,185,091.

Legal Implications

9.2 There are no legal implications.

Equalities Implications

9.3 There are no equalities implications.

Rural Implications

9.4 There are no rural implications.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Beyond Barriers Report

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

11. APPENDICES

11.1 Appendix 1 HSC peer review briefing

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