

ADULTS AND COMMUNITIES SCRUTINY COMMITTEE	AGENDA ITEM No. 9
12 March 2019	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	
Contact Officer(s):	Charlotte Black, Service Director, Adults & Safeguarding	Tel: 01733 317976

CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND SOCIAL CARE PEER REVIEW ACTION PLAN 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 Adults and Communities Scrutiny Committee at the request of Charlotte Black, Service Director, Adults & Safeguarding, Cambridgeshire and Peterborough Councils.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to update the Committee on progress against the recommendations from the Health & Social Care (HSC) System Peer Review (September 2018), in preparation for a Care Quality Commission Local System Area Review.

2.2 This report is for the Adults & 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.

2.4 How does this report link to the Children in care Pledge?

N/A

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 The purpose of the Health and Social Care (HSC) peer review was to help prepare the 'system', for a 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.

The scope of the review was:

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?

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'*

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

Following the peer review, an action plan was produced to monitor progress against the recommendations. The action plan is monitored by the Health Care Executive (HCE) and the Cambridgeshire & Peterborough Health and Wellbeing Boards. Please refer to Appendix 1 HSC Peer Review Action Plan.

Key progress headlines:

- Strengthen the system leadership role of HWB's and clarify supporting governance – **System leadership workshop to be scheduled for March 2019.**
- Establish Homefirst as a default discharge from hospital position for the whole system - **Agreed Single point of access to Pathway 1 between the LAs & the NHS.**
- Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing. **Adults Positive Challenge programme has been developed across Peterborough and Cambridgeshire which will focus on early intervention and prevention, with a more localised approach to supporting citizens to feel connected and able to help themselves and each other. Changing the conversation' and carers workshops are being rolled out to relevant, frontline teams and testing is underway on new bite-sized TEC training, starting with 'How TEC can prevent falls'**
- Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up - **FPPG meet monthly as a minimum if not fortnightly. This is a meeting all system Finance Directors to discuss and report on system finance. A system Winter resilience plan has been developed and there is a weekly assurance report reporting into the A&E Delivery boards.**
- Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand - **Joint Market Position Statement for Cambridgeshire and Peterborough has been published. Demand and Capacity workstream, with multi-**

- organisation representation, is meeting regularly and is undertaking a review of current and forecast capacity and demand across the system**
- Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues - **Both LAs are in regular dialogue with providers about this and managing any impact from Brexit.**
 - Establish a fully integrated brokerage team - **Co-location with the CCG Continuing Health Care team has been agreed and is now in place. This will support closer working practices, clinical supervision and alignment of brokerage processes for CCC**
 - Work with the voluntary and community sector (VCS) as strategic and operational partners to capitalise on their resource and ideas - **The VCS are represented on the Communities Network Group and engaged with development of the demand management programme**
 - Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production - **Healthwatch undertook a review of Cambs and Pboro adult social care partnership boards and submitted a report. The CCG and LAs are exploring a joint approach. LAs to now consider contents of the report to assist in developing the partnership boards.**

Further work is needed to develop an integrated approach to tackle the workforce issues across the system. Charlotte Black and Wendi Ogle-Welbourn are monitoring progress to ensure key leads meet regularly to develop and agree the approach.

The Local Government Chronicle reported on 13 February 2019 that Matt Hancock has backed the CQC to continue with the Local Health and Social Care System Reviews. The reviews had been suspended due to funding however the Department of Health and Social Care have advised that the Health Secretary has now written to the CQC to commit to continuing this programme next year.

The LGA and Better Care Fund Support Team in NHSE have written to the CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners.

5. CONSULTATION

5.1 Regular updates are scheduled for the following boards:

Health Care Executive – 12 February 2019
 CCC Adults Committee – 21 March 2019
 Joint CCC / PCC Health & Wellbeing Board – 28 March 2019

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The peer review assisted in helping the health and social care system prepare for a possible CQC local system area review. Driving through action against the recommendations outlined by the LGA will further prepare the system.

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

9.1 **Financial Implications**

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.

9.2 **Legal Implications**

There are no legal implications.

9.3 **Equalities Implications**

There are no equalities implications.

9.4 **Rural Implications**

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 N/A

11. APPENDICES

11.1 Appendix 1 HSC peer review action plan 050219

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