CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 5
24 SEPTEMBER 2019	PUBLIC REPORT

HEALTH AND SOCIAL CARE PEER REVIEW ACTION PLAN PROGRESS REPORT

R E C O M M E N D A T I O N S

To:	**Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee**
From:	**Charlotte Black, Service Director, Adults & Safeguarding, People & Communities, Cambridgeshire and Peterborough Local Authorities**

The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:

1. consider the content of the report and raise any questions
2. decide when the action plan should next be presented to the Board

	Officer contact:		***Member contact:***
Name:	*Helen Gregg*	Name:	Councillor XXX
Post:	Partnership Manager, Cambridgeshire and Peterborough Local Authorities	Role	Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee
Email:	helen.gregg@peterborough.gov.uk	Email:	
Tel:	07961 240462	Tel:	

1. PURPOSE

1.1 The purpose of this paper is to update members on progress against the recommendations from the Health & Social Care System Peer Review (September 2018).

1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee to consider under its Terms of Reference

Authority to approve non-statutory joint strategies on health and wellbeing issues (e.g. Cambridgeshire and Peterborough suicide prevention strategy), subject to agreement by the Chairs and Vice-Chairs of the two parent Health and Wellbeing Boards.

2. BACKGROUND

2.1 The purpose of the Health and Social Care (HSC) peer review was to help prepare the 'system', for a Care Quality Commission (CQC) local system area review. We are currently waiting for the CQC to confirm if the local system area reviews will be continuing.

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 a number of other voluntary organisations.

The peer review team made the following 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

Please refer to Appendix 1 - HSC peer review action plan monitoring framework for updates against the recommendations listed above. Members are also asked to note the following additional DTOC programme update:

Improvements in performance have been achieved and sustained over the past couple of months. Local teams continue to work in earnest to sustain this improvement in performance long term and meet our objective to achieve the 3.5% national performance standard.

Current performance system wide is running at 5.3%, this is a significant improvement on this time last year where performance was 8.4%. A breakdown by acute and community footprint is outlined below:

Peterborough City Hospital: 4.2% (compared to 6.3% this time last year)

Hinchingbrooke Hospital: 7.1% (7.5%)

Addenbrookes Hospital: 4.7% (9%)

Community delays: 12.3% (16.8%)

Focus continues on the implementation of an Integrated Discharge Service (IDS) Hub in each acute site. Peterborough City Hospital (PCH) and Cambridge University hospital (CUH) have fully operating IDS Hubs operating to a new Standard Operating Procedure (SOP) and validating protocol. The Hinchingbrooke IDS Hub will be launched in early autumn now once the changes from the implementation of the new Patient Administration System (PAS) have embedded further.

Work on implementation of the SAFER in each acute site also continues with closer links developing between different programmes to support and sustain patient flow. (SAFER is a practical tool to reduce delays for patients in adult inpatient wards. The SAFER bundle blends five elements of best practice and when followed length of stay reduces and patient flow and safety improves).

IDS leads are now in post at CUH at all three acute sites.

We have delivered trusted assessor in all 3 acute hospitals to expedite the discharge process for patients that require a care home. We have also expanded this concept to other community pathways, and we have implemented a trusted assessor approach in some key community pathways including Discharge to Assess (D2A) pathway 1 (to reduce and speed up assessments and hand over between intermediate care and reablement / social care services) and D2A pathway 2 (to reduce and speed up assessments and hand over between acute wards and community in patient rehabiltation /health interim beds).

The Review and relaunch of the system-wide Choice Policy is almost complete. This will ensure acutes and community in patient wards are all using the policy to support patients and reduce delayed discharges under this code. The wide staff training programme delivered through Hancock monies in May, June and July also had Choice as one of the key learning modules. This has been very successful in training staff across disciplines in having “difficult” conversations with patients and families about their ongoing care needs and options earlier on following admission.

Focus over the next four weeks

- Continue to monitor progress towards successful implementation of IDS Hubs and escalate / resolve any issues as they arise;
- Develop a simple and robust care pathway for the safe discharge of patients presenting with delirium and non-weight bearing respectively;
- Develop a comprehensive winter plan for discharge planning (to be fed into the wider systemwide winter planning process) to ensure the system has identified additional steps to increase our resilience over the winter months.

Likely themes will include:

- Maintaining momentum in the delivery of key programme initiatives that should now be part of business as usual.
- Supporting weekend discharges beyond our current capability.
- Working with the voluntary sector and secure their proactive and meaningful participation in multi-disciplinary team discussions to support patient discharges.
- Closer monitoring of system capacity and utilisation through IDS Hubs.
- Develop a strategy for the investment of winter monies – in the event any additional winter funding for the system is confirmed at short notice.
- Develop and deliver a phase 2 training programme to ensure we continue to build in momentum created over the late spring /summer months and particularly support the further upskilling of operational staff in time for winter.

3. CONSULTATION

3.1 The Health Care Executive have been kept informed of progress.

4. ANTICIPATED OUTCOMES OR IMPACT

4.1 The anticipated outcome of this report is members welcome the update and feel informed with regard to progress against the recommendations highlighted by the peer review team.

5. IMPLICATIONS

Financial Implications

5.1 There are no financial implications.

Legal Implications

5.2 There are no legal implications.

Equalities Implications

5.3 There are no equalities implications.

6. APPENDICES

6.1 Appendix 1 - HSC peer review action plan monitoring framework

7. SOURCE DOCUMENTS

(It is a legal requirement for the following box to be completed by the report author.)

Source Documents	Location
None	