CQC Action Plan Highlight Report & Evaluation Framework

Report for Oxfordshire Health & Wellbeing Board - November 2018

Presented by System Leaders
On behalf of the Integrated System Delivery Board

What this presentation covers

- CQC Action Plan
  - Highlight Report for HWBB review

- Evaluation Framework
  - The Framework for HWBB approval
  - Current performance against framework and future reporting

CQC Action Plan
Context

- Oxfordshire was one of the original 20 Health and Social care systems that were reviewed by the CQC in 2017

- The Health & Wellbeing Board agreed an action plan in response to the findings in March 2018

- The Integrated Service Delivery Board was created as part of the restructuring of system governance and has delegated responsibility for delivering the CQC Action Plan

- It was identified that some of the timescales in the original plan were optimistic given the amount of work that the system had to undertake

- Therefore, delivery dates of some workstreams have been revised. The highlight report reflects progress against those revised timescales

CQC Action Plan
Highlight Report

Of the **15** agreed actions, **7** are on target and **6** are progressing but need further development and **2** have identified problems

A) Vision, Governance & Strategy

B) Culture & Organisational Development

C) Older People's Strategy

D) Escalation

E) Winter Plan

F) Market Management

I) Housing

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G) Workforce

H) AEDB Plan & Pathways

J) Review of Commissioned Services

K) Carers

M) Trusted Assessor

N) Co-production

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L) Self-funders

O) VCSE

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CQC Action Plan
Green – Workstream proceeding to plan ✅

A) Vision, Governance & Strategy

The system vision has been agreed the HWB has been reconstituted. A refreshed Joint Health & Wellbeing Strategy is in development

B) Culture & Organisational Development

Chief Executive principles are in place and set the tone for system working. Organisational Development programme for COOs is in place and we have completed the Commissioning Capability Programme

C) Older People's Strategy

Agreed timescales in place for the delivery of the strategy which include co-production events

D) Escalation

Escalation procedures reviewed and updates made, learning used to inform winter planning

E) Winter Plan

The new 'Winter Team' includes our first system appointment of a winter director and a System Winter Planning group has been set up. Learning from the 2017/18 Winter Plan has been shared across the system and used to inform the 2018/19 plan

F) Market Management

We have prioritised our work on short stay beds and we have appointed to shared posts for home care and care home commissioning. We have taken a collaborative approach to developing the provider conference

I) Housing

Trailblazer initiative is underway and we are on target to meet the agreed actions, however continued work is needed to resolve the wider issues around housing.

CQC Action Plan
Amber – Further development needed

G) Workforce

We have set-up the Oxfordshire System Workforce Action Group and made some good progress with our workforce action plan. Significant exploration about how workforce fits together across health and care and what works best locally and what works best for the wider Sustainability and Transformation Partnership (STP).

H) AEDB & Pathways

Major deliverable of this workstream is the AEDB Urgent Care Improvement Plan, which continues to be monitored by the A&E Delivery Board. We have developed a 'Stranded Patients' process which has resulted in a steady decline of the number of people in hospital for more than seven days

J) Review of Commissioned Services

We have developed a framework for 'place-based planning' based on population health management data delivering a review of services

K) Carers

Carers Strategy is in place until 2020, we are in the process of setting up an independent Carers Forum to co-design services for carers, the plan also notes specific examples of carers related initiatives such as carer support workers in primary care

M) Trusted Assessor

The trusted assessor model has been implemented between the acute and community hospitals. Further opportunities have been identified through the stranded patient work and is also being included in the short stay bed specification

N) Co-production

A shared system approach to co-production is in development, good individual pieces of work already being carried out across the system

CQC Action Plan
Red – Problems identified

L) Self-Funders

We are improving our digital offer to people who purchase their own care. Plans are in place to take forward the longer-term work in supporting people who fund their own care.

O) VCSE

We have been developing relationships with key strategic partners in the VCSE involving them in decisions making processes as well as working more closely operationally. We have also expanded the action plan developed following the LGA VSCE Peer review so that it includes actions that relate to the wider health and social care system. However there is more work needed to fully complete this action.

Evaluation Framework
Context

- The Health Overview & Scrutiny Committee asked system leaders to develop an evaluation framework to measure how actions in the CQC plan improve outcomes for people

- System leaders agreed that it is vitally important that the system measures how the work it is doing impacts directly on the people that use its services

- However, to give a true reflection of the work going on across the system, a framework must be broader than just focusing on the CQC Action Plan

- This proposed framework was taken to HOSC on 20th September 2018

Evaluation Framework
The Proposal

- Framework to be drawn from measures identified in the relevant strategies that will deliver the Health & Wellbeing Board vision

- This will enable scrutiny of the impact of all plans and strategies on the delivery of services

- The framework should be concise and contain only the key measures from each strategy

- The proposal is for the initial framework to include measures from the current Joint Health & Wellbeing Strategy, current priorities and from the NHS Social Care Interface Dashboard

Evaluation Framework
The Measures & Summary of Performance

Part 1 – Joint Health & Wellbeing Strategy & Current Priorities		Current	Target	Since CQC Review
1a	Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission	1,211	997 or fewer	▼
1b	Number of people waiting a total time of less than 4 hours in A&E	88%	95% or above	▲
1c	Reduce the average number of people who are delayed in hospital	111	83 or fewer	▲
1d	Proportion of all providers described as outstanding or good by CQC remains above the national average	92% Oxon 86% National	81% or above	▲
1e	Number of older people placed in a care home per week	14.7	16.5 or fewer	▼
1f	Increase the number of hours from the hospital discharge and reablement service	7,932	8920	▲
1g	Increase the number of hours of reablement	5,178	5750	▲
Part 2 - NHS Social Care Interface Dashboard		**Current**	**Target**	**Since CQC Review**
2a	Emergency Admissions (65+) per 100,000 of the 65+ population	23,460	24550 or fewer	▼
2b	90th percentile of length of stay for emergency admissions (65+)	16	18 or below	▲
2c	Total Delayed Days (DToC)	111	Average of 87 per day by March 2019	▲
2d	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	77%	85% or more	▼
2e	Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	2.5%	3.3% or more	▲
2f	Proportion of discharges (following emergency admissions) which occur at the weekend	20.84%	18.86% or above	▲

Evaluation Framework
Reporting

- System Leaders will report on the agreed Evaluation Framework to the HWBB and HOSC on a regular basis

- The quantitative data contained in the framework will be complimented by reports, as required, which will provide updates on progress of specific areas of work