Report Title	**CQC Action Plan – Final Report**
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Summary and Recommendations

In March 2018 the Oxfordshire system submitted an 18-month action plan to the CQC in response to their Local Area Review of the Oxfordshire Health & Social Care System.

The Health & Wellbeing Board requested that the plan be brought to a close at the end of it's 18-month duration with any ongoing tasks identified and allocated as part of business as usual.

This report provides an overview of how the plan evolved over time and describes how any ongoing tasks have been allocated to a suitable lead officer. It also clarifies which governance stream the ongoing task falls under in order to ensure the work is monitored until completion.

HWB members are asked to agree to the closure of the plan and for any outstanding tasks to be completed and reported as part of their existing governance arrangements.

Is the work linked to a sub-group of the HWB (tick as appropriate)	✓ Integrated Services Delivery Board ☐ The Children's Trust ☐ The Better Care Fund Joint Management Group ☐ The Adults with Support and Care Needs Joint Management Group ☐ Health Improvement Partnership Board

This paper links to the following priorities set out in the Joint Health and Wellbeing Strategy (tick as applicable)

- ☐ A coordinated approach to prevention and healthy place-shaping.
- ✓ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- ☐ An approach to working with the public so as to re-shape and transform services locality by locality.
- ☐ Plans to tackle critical workforce shortages.
- ☐ A Healthy Start in Life
- ☐ Living Well
- ☐ Ageing Well
- ☐ Tackling Wider Issues that determine health

The purpose of this paper is

To update the board on progress and next steps in relation to the CQC Action Plan following receipt of the CQC progress report in January 2019.

- ☐ For decision
- ☐ For discussion
- ✓ For information
- ☐ Other _____

CQC Action Plan – Final Report

1. Background

1.1. Local system review

In January 2018 the Care Quality Commission (CQC) published a report following the Local Area Review of Oxfordshire Health & Social Care System. As requested by the CQC, Oxfordshire Health & Social Care leaders set out their response to the report by submitting an 18-month action plan in March 2018.

At its meeting earlier in the year the Health & Wellbeing Board requested that the plan was brought to a close at the end of the 18-months. With any ongoing tasks clearly identified and allocated to a suitable lead officer with appropriate governance to ensure work is completed.

This report is the final report to the HWB regarding the CQC action plan. It provides an overview of how the plan evolved over 18 months and how any outstanding tasks will be completed once the plan is closed.

1.2. Oxfordshire System action plan

A high-level action plan was submitted to the CQC in March 2018 which documented 46 key actions that the system would take in response to the 15 recommendations in the local area review report. The plan was then further developed into a more detailed plan with sub-actions and key milestones to enable system leaders to track the delivery of work and the overall progress of the plan.

It is important to note that the action plan is a specific response to the 15 recommendations made by the CQC. It should not be considered a 'system masterplan' as it does not necessarily reflect all of the various broader pieces of work that are taking place across the system.

1.3. CQC follow up review

In November 2018 the CQC completed a follow-up review which was broadly positive. Two more high-level actions and additional sub-actions were added to the original action plan.

In many cases the tasks in the detailed plan went beyond the intention of the recommendation made in the original high-level plan, as System Leaders added additional tasks to ensure the recommendations were met fully. This extension has led to tasks running longer than the intended 18-month duration, meaning the plan still contained some incomplete tasks at the end of that period. Those tasks are already being progressed as part of either existing projects/programmes or as ongoing business as usual work with named leads and are described below.

2. Overview of plan

This section provides an overview of each workstream in the action plan, describes what the CQC found during the local area review, the recommendations they made, what has been delivered in response to the recommendation and any tasks that are still outstanding.

Workstream A - Vision, Governance & Strategy

The CQC found that while relationships between the main stakeholders had been difficult over many years there was evidence that these were improving. They were critical of the level of whole system strategic planning, the lack of a clear strategic vision and said that the role of the HWB was unclear.

CQC Recommendation

"System leaders must improve how they work together to plan and deliver health and social care services for older people in Oxfordshire. Whilst doing so a review of people's experiences must take place to target improvements needed to the delivery of health and social care services, bringing people back to the forefront of service delivery."

Key actions delivered in response to recommendation

- Oxfordshire Health & Wellbeing Board (HWB) reviewed and revised to clarify accountability and reduce overlap
- Agreed the refreshed vision for Health & Wellbeing in Oxfordshire
- Co-produced the Health & Wellbeing strategy for Oxfordshire
- Co-produced the Older People's Strategy

Task(s) outstanding

No tasks outstanding.

Workstream B - Organisational Development

The inspectors noted that there had recently been changes in leadership in several organisations within Oxfordshire and this had encouraged an increased willingness to build trust and to work collaboratively going forward. However, feedback received in from the relational audit completed as part of the review demonstrated that some cultural issues remained.

CQC Recommendation

"System leaders must address and create the required culture to support service interagency collaboration and service integration."

Key actions delivered in response to recommendation

- Reviewed the CQC relation audit results identifying areas that would benefit from organisational development activity

- Established a set of principles, behaviours and narrative to support shared purpose across the system
- Agreed a shared accountability framework

Task(s) outstanding

Task not yet completed	• Further frontline OD work to address culture and enable strength-based approach to care planning
Owner	• Stephen Chandler - Corporate Director of Adult Services – Oxfordshire County Council • Sam Foster – Chief Nursing Officer – Oxford University Hospitals
Rational & Future Reporting	• Whilst this action is broad in description it specifically related to the culture in urgent care. The action has been addressed in part but should be considered as part of future Urgent Care work which is being led by Stephen Chandler and Sam Foster. • There is a clear system wide set of arrangements for identifying and reporting this work which sits with the Accident & Emergency Delivery Board and Urgent Care Delivery Group

Workstream C - Older People's Strategy

The report stated that while the Joint Strategic Needs Assessment (JSNA) and the health and wellbeing strategy provided oversight of further integration of health and social care, promotion of preventative services and re-shaping of NHS services outlined in the emerging Sustainability and Transformation Partnership. It noted that the absence of a specific focus on an older people's strategy made it difficult to articulate joint goals.

CQC Recommendation

"The Older People's strategy must be reviewed, and the results implemented into an updated Joint Strategic Needs Assessment. As part of the Older People's strategy, the draft frailty pathway should be implemented and evaluated to include those underrepresented in society."

Key actions delivered in response to recommendation

- Co-produced the Older People's Strategy
- Developed a frailty pathway including a pilot Virtual Ward in the City locality

Task(s) outstanding

Task not yet completed	• Approval of Older People's Strategy Implementation Plan

Owner	• Rachel Pirie – Commissioning & Markets Lead for Older Adults – Oxfordshire County Council & Oxfordshire Clinical Commissioning Group
Rational & Future Reporting	• This work is being delivered as part of the project which will implement the Older People's Strategy by Commissioning Teams in OCC/OCCG and will report through that governance structure.

Workstream D - Learning After Escalation

The report stated that the system was frequently in escalation which had resulted in this becoming normalised. There was a need for more evaluation of the contributing factors to the escalation and de-escalation processes so lessons could be learned, continuous improvements made and shared system wide.

CQC Recommendation

"System leaders should undertake more evaluation of the actions taken by teams and individuals during times of escalation and learning should be shared with system partners to encourage learning and continuous improvement."

Key actions delivered in response to recommendation

- Reviewed and agreed revised escalation processes including OPEL levels
- Develop mechanism to collate learning from work carried out during escalations
- Shared learning from the review of the 2017/18 Winter Plan across the system and with HOSC
- Implemented BOB Urgent Care Stress Test

Task(s) outstanding

No tasks outstanding.

Workstream E - Demand Pressures

During the review some leaders and front line staff that the inspectors spoke to voiced concerns that planning for winter (2017/18) had been left too late and there was little confidence in the system's ability to cope during this period. In the follow-up review they also noted that system leads should ensure that the Continuing Health Care (CHC) service specification should be completed.

CQC Recommendation

"System leaders must evaluate its winter plans and demand pressures throughout the year to ensure lessons learned are applied when planning for increased periods of demand."

Key actions delivered in response to recommendation

- Revised winter planning processes developed, which include:
  - Evaluation of previous winter plan
  - Independent scrutiny of winter plan from Health Overview and Scrutiny Committee (HOSC)
- Improved quality and oversight of Hospital Discharge and Reablement Pathway to improve flow
- Revised Demand and Capacity model implemented

Task(s) outstanding

Task not yet completed	• Completion of the Continuing Health Care (CHC) Project
Owner	• Rachel Pirie – Commissioning & Markets Lead for Older Adults – Oxfordshire County Council & Oxfordshire Clinical Commissioning Group
Rational & Future Reporting	• The CHC Project is being delivered by Commissioning staff across OCC/OCCG and will report under that governance structure.

Workstream F - Market Management

The inspectors noted that commissioning strategies, underpinned by the JSNA and future projections, had supported a joint approach to managing the care market and commissioning services and this provided a good platform to move forward with service and operational integration. However as the system faced significant social care market issues system leaders need to make sure there is sufficient capacity and resilience to cope with an anticipated increase in demand.

CQC Recommendation

"System leaders should review and strengthen the approach to managing the care market so that providers are aware of future requirements, particularly in respect of domiciliary care, end of life care and care for people living with complex mental health issues. A proactive approach to market management is required to ensure a sustainable care market."

Key actions delivered in response to recommendation

- Co-produced two provider conferences with key provider stakeholders
- Deployed a Provider Collaborative framework for Clinical Commissioning Group commissioned services
- Co-produced revised Market Position Statements
- Review and recommissioning of Short Stay Beds

Task(s) outstanding

Task not yet completed	• Two long-term commissioning projects: Homecare2020 and Recommissioning of Long Stay Beds
Owner	• Rachel Pirie – Commissioning & Markets Lead for Older Adults – Oxfordshire County Council & Oxfordshire Clinical Commissioning Group
Rational & Future Reporting	• These long-term projects are being delivered by commissioners across OCC/OCCG and will continue to report under those governance structures.

Workstream G - Workforce Strategy

The CQC report stated that Oxfordshire was particularly challenged by workforce issues across the system. It noted that there were strategic plans at organisational levels and STP level to align the workforce to future demand and work had taken place with an agreement to trial a combined recruitment campaign and to develop a single recruitment pathway. It cited the high cost of housing and accommodation as a barrier to staff retention and recruitment.

CQC Recommendation

"System leaders must implement the STP's joint workforce strategy and work with the full range of care providers to support a competent, capable and sustainable workforce."

Key actions delivered in response to recommendation

- Developed a Local Workforce Action Board
- Agreed and delivered the Oxfordshire System Support Workforce Action Plan, this included
  - o Evaluation of joint recruitment campaign and used findings to inform future campaigns
  - o Introduced a range of valuing staff initiatives
  - o Delivered a skills and leadership development programme for care providers
  - o Developed a career pathway for support care workers
- Agreement across the system that Workforce Strategy should sit across the wider Buckinghamshire, Oxfordshire and Berkshire West footprint – but with an Oxfordshire place-based narrative

Task(s) outstanding

No tasks outstanding.

Workstream H - Flow & Pathways

While services designed to improve flow through the health and social care system were evidence based. The inspectors noted that there were multiple pathways and access points, provided by different staffing groups. Frontline staff reported multiple confusing access points into the system and said that which one they would use depended on individuals' knowledge of the options.

CQC Recommendation

"System leaders must review how people flow through the health and social care system including a review of pathways so that there are not multiple and confusing points of access. Pathways should be well defined, communicated and understood across the system."

Key actions delivered in response to recommendation

- Implemented HART Improvement plan
- Implemented revised Short Stay Beds and Frailty pathways (as noted above)
- Delivered revised Stranded Patient processes and pathway
- Strengthen the reporting and oversight of the A&E Delivery Board plan at HWB to assure system accountability for the delivery of these plans (via the Integrated System Delivery Board).

Task(s) outstanding

Task not yet completed	• Undertake a comprehensive review of pathways and evaluate discharge to assess processes
Owner	• Stephen Chandler - Corporate Director of Adult Services – Oxfordshire County Council • Sam Foster – Chief Nursing Officer – Oxford University Hospitals
Rational & Future Reporting	• This work will also be picked up as part of the Urgent Care work (as with workstream B) which is being led by Stephen Chandler and Sam Foster. • There is a clear system wide set of arrangements for identifying and reporting this work which sits with the Accident & Emergency Delivery Board and Urgent Care Delivery Group

Workstream I - Housing

Inspectors found that some processes would benefit from increased focus on the future housing needs of people, particularly in relation to admission and discharge from hospital.

CQC Recommendation

"System leaders should ensure that housing support services are included within multidisciplinary working, especially in relation to admission to and discharge from hospital, to enable early identification of need and referrals."

Key actions delivered in response to recommendation

- Appointed dedicated social care and community health staff to identify and manage housing related issues in community hospitals.
- Used feedback from local strategic workshops, ASASS Working Group Network, discussions with district councils and the Oxfordshire Health & Social Care Working & Living Survey to support the identification and management of housing related issues.

Task(s) outstanding

No tasks outstanding.

Workstream J - Review of Commissioned Services

The CQC found that although jointly commissioned services were limited, there were some examples of good services in health and social care working together. For example the project groups working on DTOC and 'stranded patients'. However, many new initiatives were being developed without a shared approach, which resulted in silo working and a need to encourage a culture of inter-agency and multidisciplinary working to provide seamless care and avoid duplication of effort.

CQC Recommendation

"System leaders should conduct a review of commissioned services to consider design, delivery and outcomes, to improve the effectiveness of social care assessments and reduce and avoid duplication. On completion, the criteria for each service should be circulated to system partners and social care providers to ensure resources are used effectively."

Key actions delivered in response to recommendation

- Reviewed several commissioned services and took actions to mitigate risks or improve effectiveness, services include; Short Stay Beds, Contingency Care, Hospital at Home services, Continuing Health Care

Task(s) outstanding

No tasks outstanding.

Workstream K - Support for Carers

During the review inspectors found that carers were not receiving the support they required. They also found that some Carers felt they were not always fully supported at the time of crisis.

CQC Recommendation

"System leaders should review methods used to identify carers' eligibility for support so that they are assured that carers are receiving the necessary support and have access to services."

Key actions delivered in response to recommendation

- Run Strategic and Carer Listening Events to gather feedback from a wide range of stakeholders – this has led to the creation of a Carers Co-production Group to co-produce the future shape of services for Carers.

Task(s) outstanding

Task not yet completed	• Produce outline model of future support for carers
Owner	• Rachel Pirie – Commissioning & Markets Lead for Older Adults – Oxfordshire County Council & Oxfordshire Clinical Commissioning Group
Rational & Future Reporting	• This is part of the ongoing review of support to Carers underway within OCC/OCCG and will continue to report through that governance structures

Workstream L - Self-Funders

Inspectors found that people who were funding their own care experienced difficulties in accessing essential information and were therefore not always aware of what was available to them.

CQC Recommendation

"System leaders should ensure that better advice to access information and guidance is offered to people funding their own care."

Key actions delivered in response to recommendation

- Reviewed and updated information for people who fund their own care.
- Developed and implemented a new brokerage service which will include people who fund their own care

Task(s) outstanding

No tasks outstanding.

Workstream M - Trusted Assessor

While efforts had been made to improve system flow and reduce DTOC, the trusted assessor model, discharge coordinators and flow leads roles were not fully effective and people still experienced delays in their discharge, especially at weekends.

CQC Recommendation

"Continue to embed the trusted assessor model."

Key actions delivered in response to recommendation

- The trusted assessor model has been embedded in the following areas:
    - Short Stay bed pathway
    - Stranded Patient review
    - Between acute and community hospitals
    - The Council's black contract with care home providers built into the short stay bed pathway and has also been implemented between acute and community hospitals

Task(s) outstanding

No tasks outstanding.

Workstream N - Co-Production

Inspectors reported that the system's approach to co-production with people who use services, their families and carers was under developed. There were challenges engaging seldom heard groups and ensuring proactive engagement about things that mattered most to people living in the area.

CQC Recommendation

"System leaders must continue to engage with people who use services, families and carers when reviewing strategies and integrated systems and structures to ensure these are co-produced"

Key actions delivered in response to recommendation

- HWB agreed to systemwide approach to involvement and engagement – Oxfordshire Wellbeing Network
- A number of major commissioning projects have included in-depth co-production such as development of the Older People's Strategy, Homecare 2020 and development of the strategy for adults with care and support needs

Task(s) outstanding

No tasks outstanding.

Workstream O - Voluntary, Community & Social Enterprise Sector

The inspectors reported that there is a strong VCSE sector in Oxfordshire but felt that there were missed opportunities for the VCSE sector to be involved in the discharge process to make it more effective and person centred.

CQC Recommendation

"Engagement and partnership working with the VCSE sector should be reviewed to improve utilisation."

Key actions delivered in response to recommendation

- Worked with VCSE partners on a range of workstreams such as development of the 2018/19 winter plan and system workforce and housing programmes
- Jointly developed the Oxfordshire Wellbeing Network a network of local organisations which is being led by Oxfordshire Healthwatch. This group will help inform and influence the Oxfordshire Health & Wellbeing Board.
- The VCSE are represented on key system boards such as the A&E Delivery Board and Co-Production Board

Task(s) outstanding

No tasks outstanding.