Oxfordshire Joint Health Overview & Scrutiny Committee
19 April 2018

Care Quality Commission Local System Review

Report by Oxfordshire Heath & Social Care System Leaders

1. Introduction

This paper summarises the recent Local System Review of Oxfordshire completed by the Care Quality Commission (CQC). It provides a summary of the outcome of the review, the recommendations and the high-level action plan developed by system leaders in response to those recommendations, as well as setting out the proposed governance for ensuring the delivery of required actions.

In accordance with the CQC's Local System Review methodology, the Health and Wellbeing Board retains overall responsibility for delivery of the action plan, which was formally signed off by the Board on 22 March 2018. However, system leaders recognise the important role that the Health Overview and Scrutiny Committee can play in ensuring the Oxfordshire system is able to implement the agreed actions.

It is for this reason that HOSC are asked to note the progress made and provide any comments or observations that they believe may assist in assuring delivery of the agreed action plan.

2. Background

It was announced in the Spring Budget 2017 that councils would receive an additional £2 billion to support adult social care needs, reduce pressure on the NHS and stabilise the care provider market. Following this announcement, the CQC was asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 20 local authority areas, with Oxfordshire being selected as one of those areas.

The onsite review of the Oxfordshire Health and Social Care system took place in November with inspectors interviewing senior system leaders, holding focus groups with frontline staff and making visits to several health and social care services.

3. CQC Report

The CQC provided system leaders with a draft report on 22 January 2018 which detailed the findings of the review. Leaders were given five days to review the report and respond with comments regarding the factual accuracy of the report. 90% of the submitted comments were accepted and the final report was published by the CQC on Monday 12 February. The final report suggests fifteen areas for improvement as shown below. The full report is available in Annex 1.

On publication of their findings, the CQC's press release noted that:

The review in Oxfordshire found that there was a strong ambition for partner agencies to work together and provide excellent services to the people of Oxfordshire but there was a lack of strategic planning. Despite this, health and social care professionals were highly dedicated to supporting people using services, their families and carers.

While Oxfordshire has a history of public engagement, feedback has sometimes indicated that this has not always been effective. This has been recognised by engagement leads and a dedicated Co-production Team has been set up to progress on the work required. The Social Care Institute of Excellence has reviewed the work of this team and confirmed that there is positive work taking place.

The Adult Social Care Outcomes Framework measures how well care and support services achieve the outcomes that matter most to people. The framework for 2016/17 showed that the percentage of older people who were satisfied with their care and support was slightly above average, but there was mixed feedback from people and carers about the quality of their experiences when the CQC spoke with them.

System leaders and frontline workers reported widespread issues in respect of recruitment and retention of staff across the system. In response there were plans to build affordable housing that would attract health and social care workers into the area, with a view to providing a more sustainable workforce. However, these plans would take some time to come to fruition and the CQC found that shorter term solutions were also being sought. There was a focus on job and career prospects, to manage and support the acute care system, and to provide seven-day care preventative services.

Across all areas of health and social care, a greater than average proportion of Oxfordshire services achieve a good or outstanding CQC rating, which is above the national average.

However there remain significant challenges to systematically join up services across organisations in Oxfordshire.

The final report has provided a number of recommendations for system leaders in the NHS, social care and other bodies to act upon to make the whole health and care system work better

3.1 CQC recommendations

<u>Strategic Priorities</u>

a) 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.

b) System leaders must address and create the required culture to support service interagency collaboration and service integration.
c) The Older Person's strategy must be reviewed and the results implemented into an updated Joint Strategic Needs Assessment. As part of the Older Person's strategy, the draft frailty pathway should be implemented and evaluated to include those underrepresented in society.
d) 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.
e) System leaders must evaluate their winter plans and demand pressures throughout the year to ensure lessons learned are applied when planning for increased periods of demand.
f) 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.
g) 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.

Operational Priorities

h) 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.
i) 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.
j) 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.
k) System leaders should review methods used to identify carers eligible for support, so that they are assured that carers are receiving the necessary support and have access to services.
l) System leaders should ensure that better advice to access information and guidance is offered to people funding their own care.
m) Continue to embed the trusted assessor model.

Engagement Priorities

n) 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.
o) Engagement and partnership working with the Voluntary Community and Social Enterprise sector should be reviewed to improve utilisation.

4. Local area summit and high-level action plan

On 29 January system leaders and major local stakeholders came together with CQC inspectors and representatives from the Department for Health, Social Care Institute for Excellence and NHS England to discuss the findings of the report and agree actions that would be taken in response. The system was required to develop and submit a high-level action plan to the CQC within 20 days of the report being published, which gave a deadline of 9 March.

The plan was developed by system leaders from across OCC, OCCG, NHS Foundation Trusts and GP Federations. It describes a number of high level actions that will be taken by the system in response to the areas for improvement identified in the CQC report. Each action is assigned an owner and timeframes are given for its completion. A number of the actions listed are already in progress through existing programmes of work or action plans. Where this is the case it has been referenced in the plan. The plan was approved by the Chair and Vice Chair of the Health & Wellbeing Board (HWB) ahead of its submission to the CQC on 9 March and was formally approved by the HWB on 22 March. The plan can be found in Annex 2.

The high-level plan will be supported by a more detailed plan which sets out the key milestones in each area and the progress towards these. A regular highlight report will be produced and submitted to the HWB for review. The report will highlight recent progress against all actions and planned activity for the coming period. It will identify and escalate any risks to delivery and mitigation steps taken.

5. Governance arrangements

In response to the CQC's recommendation that the system should review and simplify its governance structure, the Health and Wellbeing Board is undergoing a review of its functions, structure and governance. In accordance with the CQC's Local System Review methodology, the Health and Wellbeing Board retains overall responsibility for delivery of the action plan.

In addition, due to the multi-agency nature of this work, its urgency and its need to report to the HWB it has been necessary to create a dedicated HWB sub-group to ensure that the CQC action plan and related issues are delivered. It was agreed at the HWB on 22 March that the new HWB sub-group will adopt the following design principles:

1. To oversee a transformative programme of work between all NHS organisations and Adult Social care (including oversight of the CQC action plan).
2. To deliver the requirements set out in the Joint Health and Wellbeing Strategy for adults.
3. To deliver the requirements of the refreshed Older People's Strategy.
4. To provide a clear focus for strategic decision making for the NHS and adult social care in Oxfordshire.
5. To oversee the strategic integration of community services and urgent and emergency care services.
6. To oversee a shared workforce strategy for health and adult social care.

7. To seek the views of representatives of the public, patients and voluntary organisations.
8. To adopt a programme management approach to ensure that service delivery is achieved.

The new subgroup will also ensure that strategic decisions are clearly made in a single forum, thus reducing system complexity and streamlining decision-making processes. Terms of Reference for the subgroup are currently being written and the HWB chair and vice-chair will be asked to review and approve them this month.

Responsible Officers

Kate Terroni – Director for Adult Services - Oxfordshire County Council
Louise Patten – Chief Executive - Oxfordshire Clinical Commissioning Group
Stuart Bell – Chief Executive - Oxford Health NHS Foundation Trust
Bruno Holthof – Chief Executive - Oxford University Hospitals NHS Foundation Trust
Will Hancock – Chief Executive - South Central Ambulance Service