

To: Members of the Oxfordshire Health & Wellbeing Board

## **Notice of a Meeting of the Oxfordshire Health & Wellbeing Board**

**Tuesday, 29 January 2019 at 10.00 am  
County Hall, New Road, Oxford**



Yvonne Rees  
Chief Executive

January 2019

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### **Membership**

Chairman – Councillor Ian Hudspeth (Leader, Oxfordshire County Council)  
Vice Chairman - Dr Kiren Collison (Clinical Chair, Oxfordshire Clinical Commissioning Group)

#### **Board Members:**

Stuart Bell CBE	Chief Executive, Oxford Health Foundation Trust
Lucy Butler (Oxfordshire County Council)	Director for Children's Services
Christine Gore	District Councils Representative
Cllr Steve Harrod (Oxfordshire County Council)	Cabinet Member for Children & Family Services and Chairman, Children's Trust
Dr Bruno Holthof	Chief Executive, Oxford University Hospitals Foundation Trust
Cllr Andrew McHugh (Cherwell District Council)	Chairman, Health Improvement Partnership Board
Val Messenger (Oxfordshire County Council)	Director of Public Health -Interim
Louise Patten	Chief Executive, Oxfordshire Clinical Commissioning Group
David Radbourne (NHS England)	Director of Commissioning Operations (South Central)
Yvonne Rees (Oxfordshire County Council)	Chief Executive, Oxfordshire County Council
Dr Ben Riley (Oxfordshire GP Federation)	GP Representative
Prof George Smith	Chairman, Healthwatch Oxfordshire
Councillor Lawrie Stratford (Oxfordshire County Council)	Cabinet Member for Adult Social Care & Public Health and Chairman, Older People's Joint Management Group
Kate Terroni (Oxfordshire County Council)	Director for Adult Services
Louise Upton (Oxford City Council)	Vice-Chairman, Health Improvement Partnership Board

**Notes: • Date of next meeting: 14 March 2019**

County Hall, New Road, Oxford, OX1 1ND

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## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines.

<http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.**

# AGENDA

1. **Welcome by Chairman, Councillor Ian Hudspeth**
2. **Apologies for Absence and Temporary Appointments**
3. **Declarations of Interest - see guidance note opposite**
4. **Petitions and Public Address**
5. **Welcome and Context**

**10:10**

10 minutes

The Chairman will welcome the CQC inspectors to the meeting and will provide context/background to the CQC follow-up review.

6. **CQC Local System Review Progress Report (Pages 1 - 22)**

**10:20**

80 Minutes

Following the local CQC system review of Oxfordshire, which took place in November 2017, the CQC re-visited the system one year later in November 2018 to look at progress against the submitted action plan that was developed in response to the findings.

Attached at **HWB6** is the full report of the progress review from the CQC for presentation to the Board.

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## Oxfordshire

Local system review progress report

Health and Wellbeing Board

Date of local system review:  
27 November to 1 December 2017

Date of progress review:  
6 to 7 November 2018

## Summary of findings from progress review

Published: January 2019

### What were the key areas for improvement identified in the local system review?

Following the local system review of Oxfordshire in November 2017, we revisited the system to look at progress against the submitted action plan that was developed in response to our findings. For ease of reference, the key areas for improvement were:

#### **Strategic priorities**

- System leaders must improve how they work together to plan and deliver health and social care services for older people in Oxfordshire. While 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.
- System leaders must address and create the required culture to support service inter-agency collaboration and service integration.
- 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 under-represented in society.

- 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 continuous improvement.
- System leaders must evaluate their winter plans and pressures throughout the year to ensure lessons learned are applied when planning for periods of increased demand.
- System leaders should review and strengthen the approach to managing the care market so that providers are aware of future requirements, particularly for 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.
- System leaders must implement the Strategic Transformation Partnership's joint workforce strategy and work with the full range of care providers to support a competent, capable and sustainable workforce.

### **Operational priorities**

- 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.
- 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.
- 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.
- 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.
- System leaders should ensure that better advice, information and guidance is offered to people funding their own care.
- The trusted assessor model must continue to be embedded.

### **Engagement priorities**

- 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.

- Engagement and partnership working with the voluntary, community and social enterprise (VCSE) sector should be reviewed to improve how the sector is used.

System leaders built their action plan around the areas for improvement identified by the Care Quality Commission (CQC)'s November 2017 local system review report for Oxfordshire. At the time of our progress review, system leaders were eight months into an 18-month action plan. We have assessed progress against the action plan and grouped this into the following themes:

- Strategic approach to meeting the needs of older people
- Culture and collaboration
- Winter planning
- Market shaping
- Workforce
- Review of pathways, points of access and services
- Housing – equipment and adaptations
- Carers
- People who fund their own care

### What progress had been made following the local system review?

- System leaders had undertaken significant work to reset the culture of their organisations and develop relationships. This had enabled a sense of shared purpose and endeavour, and a willingness to take a system-based approach to resolving challenges and planning for the future.
- There was a stronger strategic approach emerging that embodied the principles of co-production. This was evident in the development of the older people's and Health and Wellbeing Board strategies. VCSE sector representatives shared that, although it was not fully developed, partnership working had strengthened and that they felt listened to by system leaders. Carers' representatives also felt that engagement had improved.
- Leaders now need to ensure this approach is embedded through the next tiers of management so that all staff understand and adopt a collaborative approach to service planning and delivery.
- The membership of the Health and Wellbeing Board had been extended to include wider partner representation such as the district councils and chief executives from the NHS foundation trusts and the clinical commissioning group (CCG). The inclusion of wider partners was considered crucial to the resolution of system-wide issues such as affordable housing, and to supporting the development of community models and local hubs.

- System leaders had undertaken evaluation and learning opportunities from the previous winter. A Winter Planning Director had been appointed and winter planning had started earlier in the year. Joint planning for winter 2018/19 was based on a system-wide collaborative approach that included engagement and involvement from the VCSE sector. Learning from the previous year had been applied to improve system capacity and anticipate risks. Confidence in the system's resilience to respond to surges in demand had increased as a result.
- In the absence of the recommended comprehensive review of pathways, work had taken place around patient flow. There had been a positive tactical response to delayed transfers of care, including improved support in primary care in relation to hospital avoidance, and planning for a wider approach to preventative services.
- We saw some practical examples where improved cross-system relationships had improved outcomes for people. For example, work had been undertaken to successfully reduce the numbers of people who remained in hospital unnecessarily.
- We found improved practice regarding the development of a workforce strategy. However, there was still a need for this activity to be aligned and a system-wide approach adopted, particularly in the adult social care and acute hospital sectors.

### What improvements are still needed to be made?

- There remained a traditional and transactional approach to market management and the commissioning of services. There had been some work to develop the domiciliary care market and mental health services but this was in its early stages. The lack of capacity in the domiciliary care market meant that older people with complex needs were at a higher risk of being discharged from hospital into residential care rather than their own homes.
- There had not been a comprehensive review of all services commissioned to support pathways of care for older people. Some work had been done to evaluate the flow of people through the hospital setting, including delayed transfers of care from hospital. At the time of our progress review, analysis of our data from February 2018 to July 2018 showed that delayed transfers of care had improved but continued to be significantly higher than the England average and comparator areas ('comparator areas' are nationally determined and refer to areas of a similar geographical size and population as Oxfordshire). We found that delayed transfers of care required further work and an ongoing system-wide focus.
- The support that the VCSE sector could provide to people when they were discharged home had not been maximised. It remained a missed opportunity for improving support for older people at a vulnerable time.
- The 'discharge to assess' model was aimed at funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment



outside of the hospital setting so they could then be assessed for their longer-term needs in the right place. We found that this was not fully embedded.

- For people who funded their own care, support, advice and brokerage services remained underdeveloped. This was recognised by system leaders. Work had taken place to improve access to information on the local authority's website, to help people who fund their own care. However, the planned development of a brokerage service for self-funders had not yet begun. There was an expectation that a mandate to commence this work was due to be agreed shortly after our visit.

# Background to the review

## Introduction and context

Between August 2017 and July 2018 CQC undertook a programme of 20 reviews of local health and social care systems at the request of the Secretaries of State of Health and Social Care and for Housing, Communities and Local Government. These reviews looked at how people move between health and social care services, including delayed transfers of care, with a focus on people aged 65 and over. The reports from these reviews and the end of programme report, [Beyond Barriers](#) can be found on our [website](#).

CQC was asked by the Secretaries of State to revisit a small number of the areas that received a local system review to understand what progress had been made. This report presents the findings from our progress review of Oxfordshire in November 2018.

## How we carried out the progress review

The review team included two CQC reviewers and two specialist advisors, one from a local government background and one from a health background.

This follow-up review considered system performance against the action plan developed as part of the initial local system review as well as other areas for improvement highlighted in [Oxfordshire's initial local system report](#).

We looked at:

- performance across key indicators
- performance against the system action plan
- stakeholder reflections on progress.

This progress report highlights areas where the Oxfordshire system is performing well, and areas where there is scope for further improvement.

Prior to visiting Oxfordshire, we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We requested the local system to provide a progress update on the action plan developed following the initial review and feedback on progress through a system overview information request (SOIR). We consulted with national partners involved in supporting the system following the initial review, and we also consulted with organisations that represent people who use services, their families and carers.

The people we spoke with included:

- System leaders from the local authority, the Oxfordshire CCG, Oxford University Hospitals NHS Foundation Trust (OUHFT) and Oxford Health Foundation Trust (OHFT).
- Staff members including community nurses, occupational therapists, physiotherapist, social workers and commissioning managers.
- Local Healthwatch and VCSE services.
- Provider representatives.

# Detailed findings

## System progress against key indicators

When we carried out Oxfordshire's initial local system review in November 2017 we produced a local data profile containing analysis of a range of information from national data collections as well as CQC's own data. A refreshed local data profile was produced in September 2018.

For the purpose of this progress review we also analysed Oxfordshire's performance over time for six indicators:

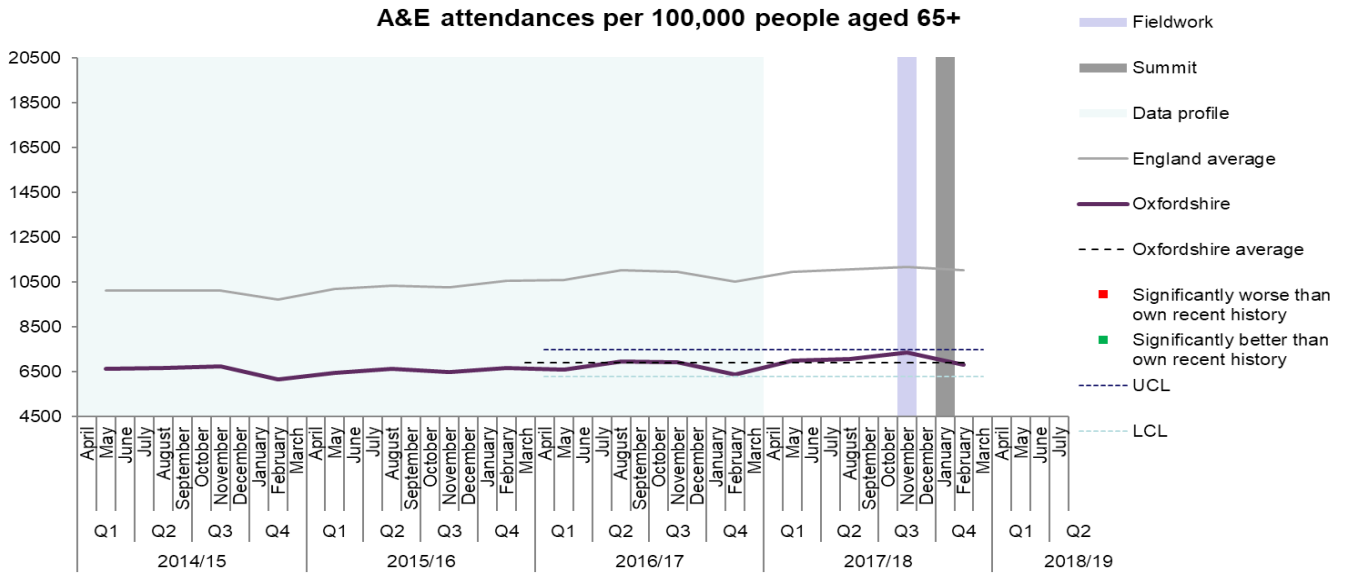
1. A&E attendance (65+)
2. emergency admissions (65+)
3. emergency admissions from care homes (65+)
4. hospital length of stay (65+)
5. delayed transfers of care (18+)
6. emergency hospital readmissions (65+).

We looked at how Oxfordshire's performance against the England average has changed since the original data profile was produced, and at how performance has changed against Oxfordshire's own history. With the exception of delayed transfers of care, the data is up to March 2018. Delayed transfers of care data is up to July 2018.

The graphs below show the performance for the six indicators. Overall our analysis shows that since we produced the original data profile, Oxfordshire has continued to perform well for A&E attendances, emergency admissions, emergency admissions from care homes and hospital length of stay over seven days. Oxfordshire has improved its performance in delayed transfers of care, but continues to perform worse than the England average, often significantly worse. It also continues to perform slightly worse for emergency readmissions within 30 days.

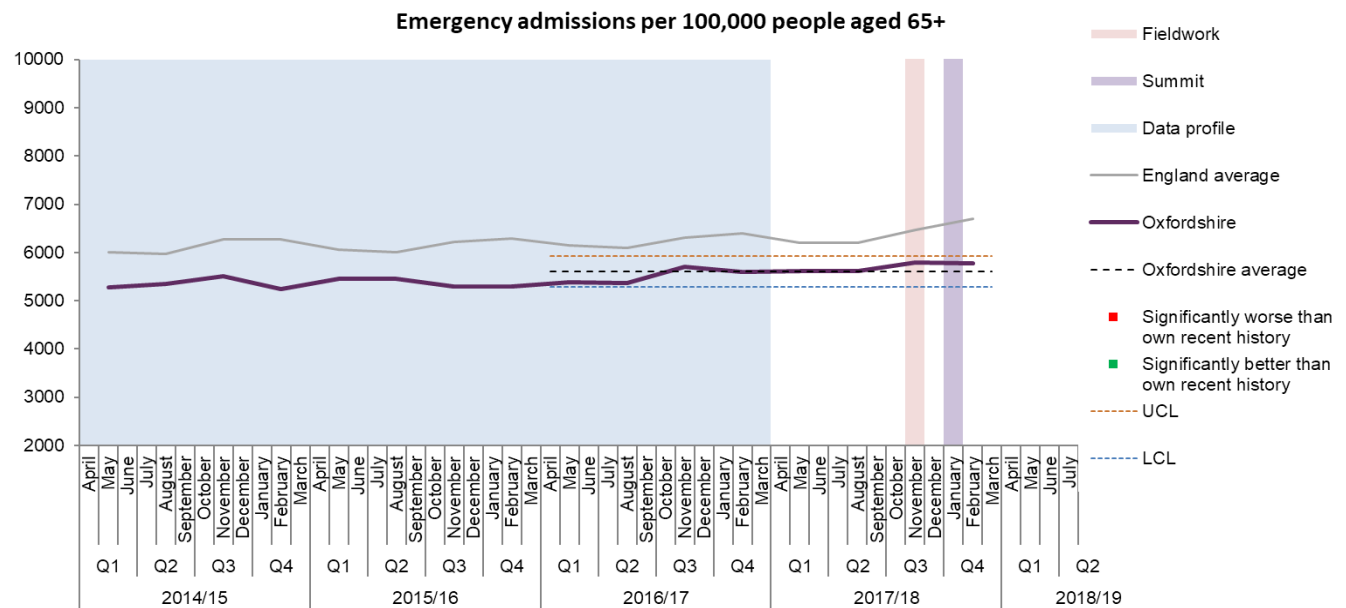
Since we produced the original data profile, Oxfordshire's performance for A&E attendances (65+) has remained consistently significantly better than the England average and has not fluctuated much from its own average.

Figure 1: A&E attendances (65+)



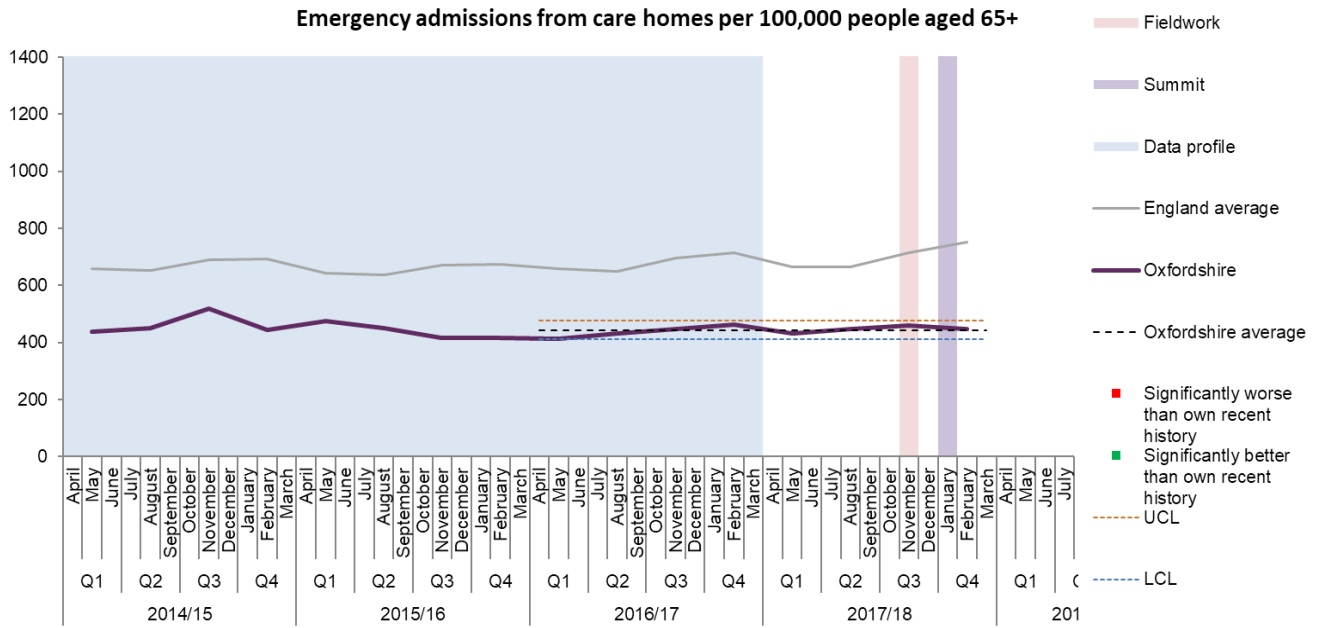
Oxfordshire’s performance for emergency admissions (65+) has remained consistently better than the England average and has changed little compared to its own average.

Figure 2: Emergency admissions (65+)



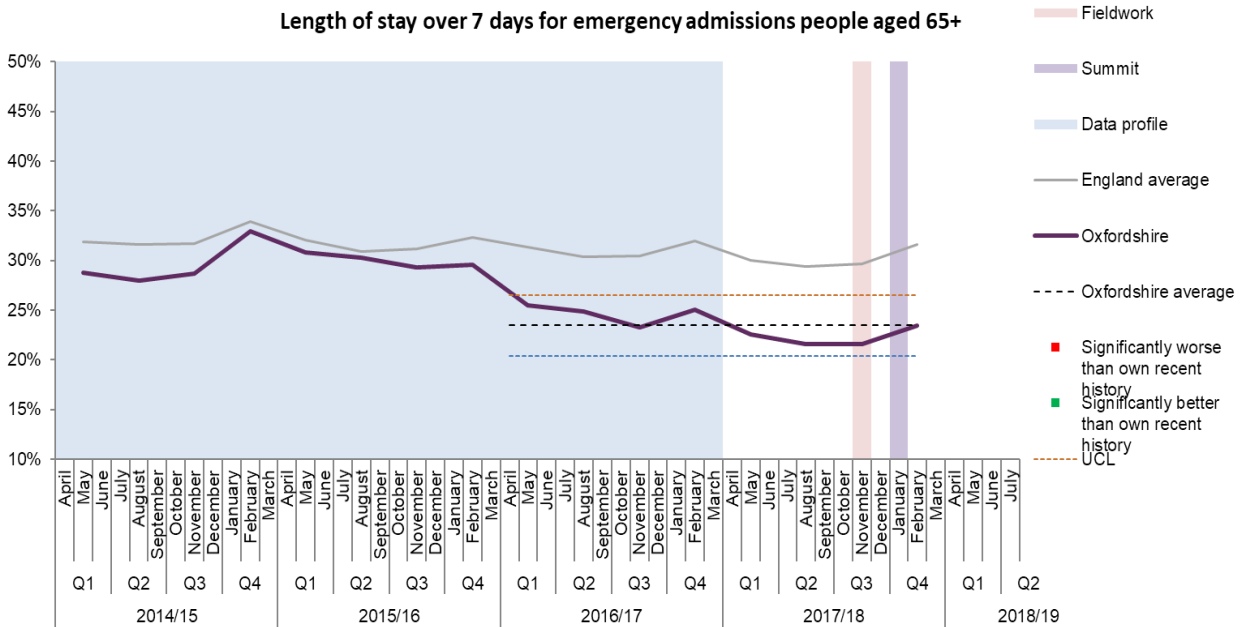
Oxfordshire’s performance for emergency admissions (65+) from care homes has remained consistently better than the England average. In the last two quarters of 2017/18 it was significantly better than the England average.

Figure 3: Emergency admissions from care homes (65+)



Oxfordshire’s performance for length of stay over seven days for emergency hospital admissions (65+) has remained consistently better than the England and comparator areas.

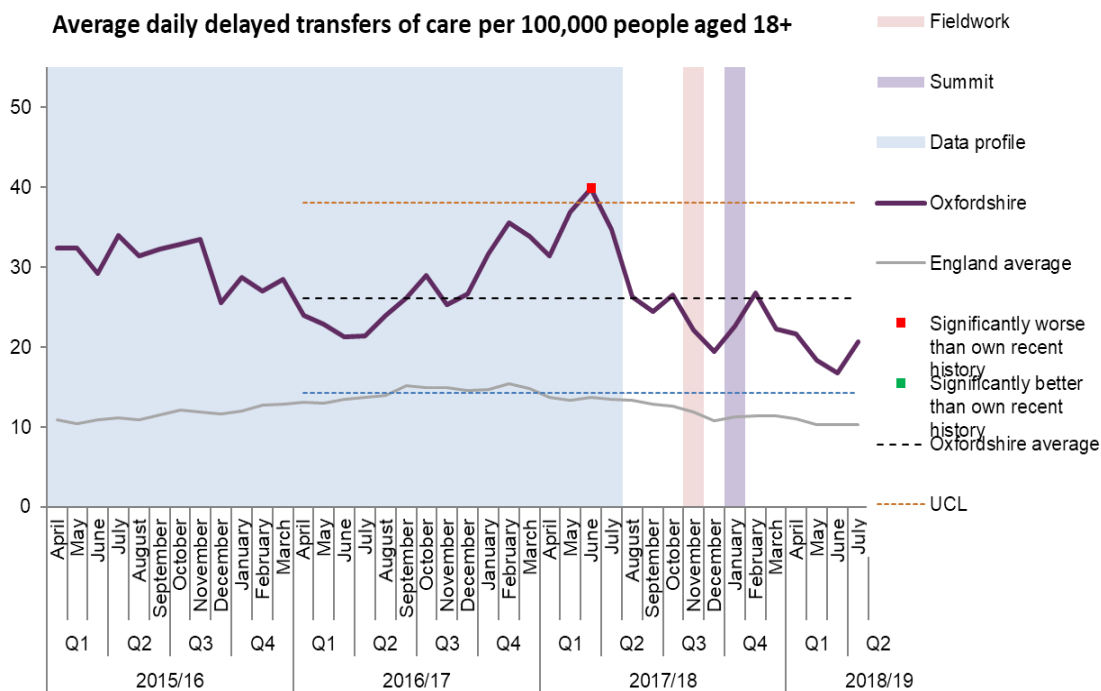
Figure 4: Length of stay (65+)



Since we produced the original data profile, Oxfordshire’s rate of delayed transfers of care (18+) overall has steadily reduced from a high point in quarter 1 of 2017/18 (approximately 40 days) where it was significantly worse than its own recent history. Performance has consistently remained worse than the England average, often significantly worse. Recent activity (July 2018) highlights performance deteriorated from 16.7 to 20.6 days, which is significantly worse than the England average, 10.3 days. Updated data (October 2018)

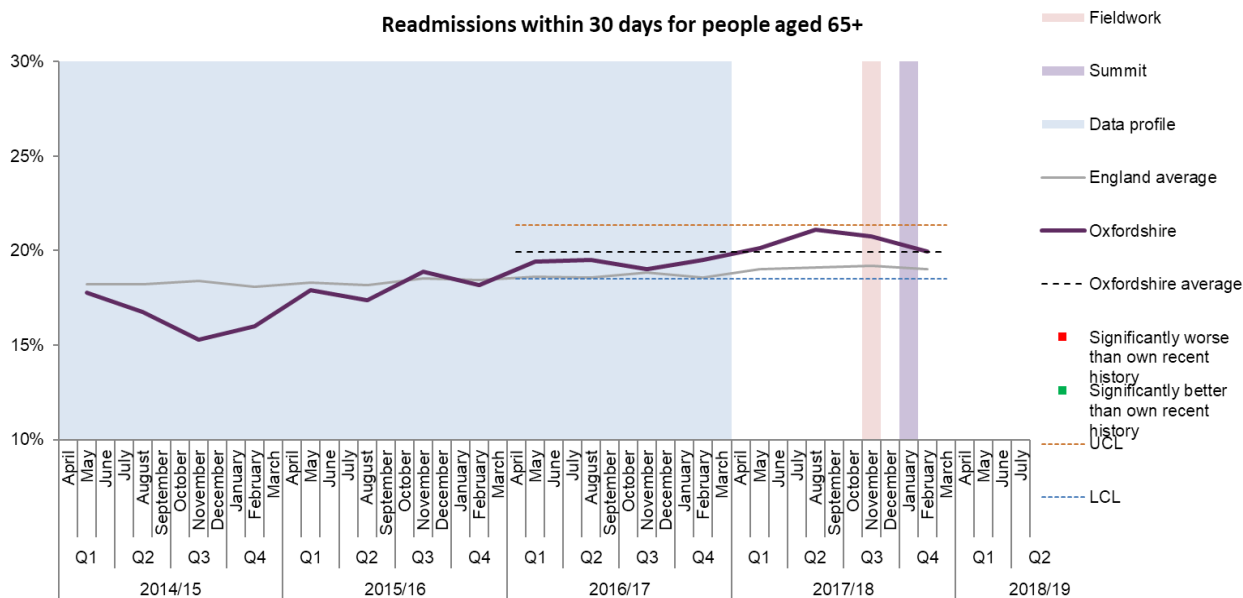
confirms that the rate has since reduced again to 16.8 days while the England average has risen slightly to 10.8 days.

Figure 5: Delayed transfers of care (18+)



Oxfordshire’s rate of emergency readmissions within 30 days (65+) has remained close to 20% and slightly above the England average, 19% at quarter 4 of 2017/18.

Figure 6: Readmissions within 30 days (65+)



# System progress against the action plan

## What improvements have been made since the local system review?

Since our local system review in November 2017 we have noted that some progress has been made, particularly in the coming together of local leaders to begin to find local solutions to address winter pressures and pathways of care for older people. However, while the important foundations of improved culture and relationships within the system had been put in place, this did not yet fully extend to the VCSE sector and the independent provider sector.

### Strategic approach to meeting the needs of older people

- Since the local system review in November 2017, we found a new drive and commitment from local leaders that had led to improved working relationships, better partnership working and a sense of shared endeavour. There was a good understanding of local population needs gained through conducting robust analysis and system-wide engagement. A draft Oxfordshire Joint Health and Wellbeing Strategy (2018 to 2023) and the draft Oxfordshire Older People's Strategy 2019 to 2024 were due to be presented to the Health and Wellbeing Board in November 2018, shortly after our progress review.
- Since our last visit, the membership of the Health and Wellbeing Board had been extended to include wider partner representation, such as the district councils and chief executives from the NHS foundation trusts, and the CCG. These were considered crucial to the resolution of system-wide issues such as affordable housing and to supporting the development of community models and local hubs.

### Culture and collaboration

- At our local system review in November 2017, we identified that system leaders needed to create a culture that would support inter-agency collaboration and integration. To support our analysis, we undertook a relational audit to gather views on how relationships across the system were working. In their action plan, system leaders proactively analysed our audit results to identify key themes and issues to address. The work was built into an Organisation Development Programme facilitated through an external agency. Development workshop sessions were also held for Health and Wellbeing Board members.
- There had been changes in senior leadership across Oxfordshire County Council and Oxfordshire CCG since our local system review in 2017. Despite these changes, at our progress review, system leaders told us that relationships had improved across health and social care organisations and with elected members of the council. This had promoted more collaborative working. We heard from VCSE sector representatives that there was a more joined up approach to the development of strategy and they felt better engaged as partners, although there were further improvements to be made.



- An Integrated System Delivery Board (ISDB) had been established where system leaders met monthly to oversee the integration of the health and social care system and transformation of services. The board also had oversight of the CQC local system review action plan. At our local system review in November 2017, we found that the alignment between local plans and the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (STP) transformation plan had contributed to delays in the development of local strategies to support older people in Oxfordshire. At our progress review, system leaders told us that the ISDB was the forum for engagement with the STP. The ISDB had agreed which components of service delivery would sit within the STP integrated care system while local delivery was addressed. This meant that wider system developments would not slow local transformation.

## Winter planning

- In November 2017 our review identified concerns regarding winter planning. Some leaders and frontline staff felt that planning had been left too late and they were not confident that there was capacity in the system to cope with the anticipated winter pressures. These concerns were justified. Our analysis of performance over 2017/18 showed that although A&E attendances of people over 65 were significantly lower than the England average, there were not systems in place to manage the flow of people through hospital. The percentage of people seen at A&E within four hours was lower than the England average and although the numbers of people delayed in hospital had been reducing, these rose again in January and February 2018, and were significantly higher than the England average. System leaders addressed this in their action plan and established a dedicated Winter Team led by a Winter Planning Director with responsibility for managing flow, performance and pathways.
- The Winter Planning Director post was established in September 2018 however work on winter planning had already started in May 2018. We heard from stakeholder partners and system leaders that it had been a more collaborative approach to winter planning. They were more confident that people's journeys through hospital would be better managed in the forthcoming winter (2018/19). An evaluation of the previous winter pressures (2017/18) has been undertaken, and a series of external reviews had been commissioned to help system leaders to deliver the improvements in the winter plan. An external organisational development consultancy had been brought in to support with the design of a demand and capacity model with a dashboard to inform urgent care and Winter Team decision-making.

## Market shaping

- At the local system review in November 2017, we found that there was a transactional approach to market management and the commissioning of social care services. Work to develop the domiciliary care market was in its early stages. Most delays in discharging people from hospital were caused by a lack of availability of domiciliary care packages. When we returned to Oxfordshire we found that leaders were still

struggling to shape a market that could meet people's needs at home. The provision of community support remained the largest reason for delays and was still much higher than the England and comparator averages. However, the proportion of delays caused by people waiting for a residential or nursing home placement had reduced and fewer people were delayed for this reason in Oxfordshire than the comparator and England averages.

- A Strategic Commissioning Manager for care homes had been jointly appointed by the local authority and Oxfordshire CCG. A care home strategy board had met, however the providers we spoke with told us that they had not been made aware of this or engaged with yet. A provider conference had been held the day before our progress review visit and independent social care providers had met with the new manager. The providers we spoke with were cautiously optimistic that engagement would improve despite their frustration that the work had been very slow to progress.
- The quality of the independent social care market provision had remained good in Oxfordshire which meant that the quality of provision was not a barrier to people leaving hospital. The numbers of residential, nursing home and domiciliary care services rated as good or outstanding were higher than comparators and the England average. At the time of the local system review in November 2017, there were three services rated as inadequate. When we analysed our data for this progress review, there was only one domiciliary care rated inadequate.

## **Workforce**

- At our local system review in November 2017, there were strategic plans at organisational and STP level across Berkshire, Buckinghamshire and Oxfordshire to align the workforce to meet future demand. However, workforce challenges had resulted in heavy workloads for staff and had impacted on care delivery and integration of services. At our progress review we saw that some of the actions relating to workforce described in the action plan had been completed. There was continued attendance at the STP Local Workforce Action Board and evaluation work had been undertaken following a joint recruitment campaign.
- There were some collaborative solutions to workforce pressures being developed. The introduction of shared values-based recruitment across health and social care would ensure the right workforce to meet the needs of people as services moved towards integration. System leaders recognised that there were opportunities to use the existing workforce more creatively however this needed to be developed into a clear strategy with deliverable objectives.

## **Review of pathways, points of access and services**

- System leaders had started to improve pathways of care for older people. They told us in their SOIR that this would be a long-term piece of work as there were 'multiple, complex pathways'. At our local system review in November 2017 we found that multiple pathways were confusing to people using services and were also a barrier to effective joint commissioning. System leaders told us that they intended to target

integration at areas where there would be the greatest impact and had started a pilot work to develop a 'frailty pathway' in three areas of Oxfordshire. The pilot was being undertaken by the GP federations, acute hospital and community services using different ways of working across organisational boundaries.

- Frontline staff we spoke with told us that they felt multidisciplinary team working had improved over the months leading up to our progress review. Staff across the local authority, acute hospital and community services had a better understanding of each other's roles which made it easier to put the person using services at the centre of their care. Community health staff had started to work with the ambulance service and staff were attending emergency callouts. This enabled staff to work together to avoid unnecessary admissions to hospital and arrange appropriate support in the community.
- There had been a lot of work focused on people who had experienced long delays in their discharge from hospital. Daily board rounds on wards had changed focus to be around determining actions rather than only providing updates. Weekly calls were taken at a higher level to discuss strategic issues that might alleviate pressures around the discharge of people who had been in hospital a long time. There were escalation processes built in so that system leaders were aware of emerging issues and could support their resolution. There was also support on the wards from the VCSE sector who helped with the liaison between hospital patients and their families.
- Discharge planning was now a part of the daily board rounds and social workers also attended. Communications with commissioning teams had also improved, supported by closer links with care sourcing placement teams. Frontline staff told us that direct payments were being routinely offered. A 'Home First' team brought together a multidisciplinary approach to enable people to be at the centre of decisions about their future care.

## **Housing – equipment and adaptations**

- At our local system review in November 2017, we found that housing support services needed to be included within multidisciplinary working, especially in relation to admission to and discharge from hospital. Oxfordshire's updated action plan showed that the system had completed the majority of actions required to address this matter. Staff we spoke with told us that there was a 'trusted assessment' process which enabled staff to arrange equipment directly with the provider agency to save time on discharge. Waiting for aids and small adaptations was not a contributing factor to delayed discharges.
- If hospital admissions were planned, an occupational therapist could undertake advance assessments in the person's home to determine whether any equipment and adaptations would be required after their discharge. In addition, there were two 'pathway flats' where people could live for six to 10 weeks while their housing needs

were assessed and adaptations made to their properties (if necessary) or while a new place of residence, such as sheltered housing, was arranged.

- Technology was being used to support people to remain safely in their own homes. For example, some people had access to a system called 'Just Checking' which placed sensors in people's homes to monitor and analyse their activity. This meant that support could be tailored accordingly and frontline staff felt that this enabled people to stay at home and avoid residential care.

## **Carers**

- Our review in November 2017 identified that system leaders should review methods used to identify carers eligible for support. This would ensure that carers were receiving the necessary support and services. The review also identified the need to involve carers in the review of strategies to ensure that these were co-produced. Some progress had been made in this area with carers being involved in co-producing the older people's strategy, however work is required to embed this approach in future strategy development. A meeting had been held in March 2018 with Action for Carers and Age UK to discuss plans however it was not clear how these had since developed. It was anticipated that the appointment of an independent chair for the carers group would lead to a redesign of carers support.

## **People who fund their own care**

- At our local system review in November 2017 analysis of our data showed that 53.2% of people in Oxfordshire were funding their own nursing and residential care, compared to an England average of 38%. We identified that there needed to be better advice, information and guidance offered to people who fund their own care. System leaders told us that a Live Well Oxfordshire website had been developed in partnership with Age UK and Affinity. This was a directory of information about services that provided a range of support – from gardening and shopping, to care homes and domiciliary care agencies.

## **What improvements are still needed to be made?**

### **A strategic approach to meeting the needs of older people**

- Following our local system review in November 2017, system leaders identified that there was a need to improve performance reporting to support conversations with elected members of the county and district councils. There were high-level metrics to support discussions and challenge at the Health and Wellbeing Board. However, system leaders recognised that there needed to be more robust use of performance data, including timescales and outcomes. This should have a particular focus on action planning to ensure that actions were having a positive impact on local communities.

- We found that the pace of strategic development was slow. We had identified a need to review the older people's strategy and while we acknowledged that a draft strategy was due to be presented at the Health and Wellbeing Board in November 2018, a revised strategy was not expected to be agreed until the end of January 2019. This meant that it had taken more than a year to develop a strategy. Additionally, embedding a delivery plan to support the strategy had not been factored in.

### **Culture and collaboration**

- While acknowledging the good work that has been done to ensure stronger relationships and collaborative working at system leader level, there was still a need to ensure that this work was embedded throughout all tiers of health and social care organisations. VCSE representatives we spoke with suggested that this had yet to 'trickle through' the different parts of the system. Frontline staff felt that there were still some cultural changes needed to promote better integrated working. Medical professionals and other frontline staff such as physiotherapists and occupational therapists needed to break down professional barriers so that care could be focused on supporting people to be independent at home as soon as possible.

### **Winter planning**

- As part of the winter planning section of the local system review action plan, system leaders planned to achieve a quality premium indicator that stated that no more than 15% of continuing healthcare (CHC) assessments should take place in hospital. This had not been developed yet and the target for completion was March 2019. A CHC service specification for care homes was due to be delivered to the Better Care Fund Joint Management Group on 22 November 2018. However, the action plan did not identify further plans for consultation, rollout and delivery. We heard that there were continued delays in CHC assessments and concerns about funding arrangements with providers to manage this. There was a risk that people with complex needs could stay in hospital longer than they needed to.

### **Market shaping**

- Although work had started to involve independent social care providers in commissioning, this area remained underdeveloped. Providers did not feel engaged and felt that there were missed opportunities to work together to shape the market. They felt that there was not a clear framework for evaluating the effectiveness of contracts and that the approach to commissioning had not changed for many years. They felt that information about increasing cost pressures was disregarded rather than discussed. Providers told us that evaluation information and data were regularly collected and shared with the local authority, however they were not assured that the data was reviewed, considered or used to inform commissioning. System leaders acknowledged that more engagement with providers was needed. Providers had not been aware that a new care home board for Oxfordshire had met. A care home

strategy had not yet been developed, however system leaders told us that they planned to cover this as part of a refresh of market position statements.

## **Workforce**

- In November 2017 we recommended that the STP workforce strategy be implemented. A draft workforce strategy for Oxfordshire had been presented to the ISDB in October 2018, however this had not yet been agreed and implemented. While it was recognised that recruitment, particularly in the domiciliary care sector, was a challenge for Oxfordshire, we did not see evidence that the development of the workforce strategy was being progressed with a sense of urgency. The first discussions with independent social care providers had been held the day before our progress review visit at a provider conference. System leaders told us that their ambition was to build a system-wide strategic approach. However at the time of our progress review they were still mapping this. The plan was to coordinate this through the Local Workforce Action Board aligned to the STP.
- There was further work required to develop plans for the workforce in line with the action plan. A joint recruitment campaign had been evaluated and further funding was being sought to undertake an evaluation of people's access to an online recruitment portal. Analysis of our data showed that adult social care staff vacancies had increased during 2017/18 although the data was in line with the England average and lower than comparator areas. Vacancies in the independent provider sector also presented a major system challenge. Representatives from this sector sat on the Oxfordshire workforce board.

## **Review of pathways, points of access and services**

- At our progress review, frontline staff raised concerns about the lack of domiciliary care in some parts of Oxfordshire. We heard that this had a serious impact on the work of community nurses who were required to provide support for people due to the lack of available domiciliary care. We heard that this was a problem in the previous winter and many were concerned that this might happen again in the approaching winter.
- Despite improved multiagency working to plan people's discharge from hospital, there were still barriers to the flow of people out of hospital. Frontline staff told us that discharge to assess processes weren't always effective and that this caused delays. There were jointly commissioned 'liaison hub beds' which provided step down beds, and virtual wards in care home units. However staff noted that when decisions were made in a bed-based setting, there tended to be over prescribing of care. There was still work to do to alleviate the concerns of medical staff who may tend to be risk averse.
- Staff remained frustrated by the different IT systems that had an impact on sharing information effectively. For example, in the hospitals, multidisciplinary teams were able to share information with each other but this relied on staff members being present as

they could not access each other's systems. If hospital and social care staff had different working patterns, information could not be shared.

- As part of our response to our initial review in November 2017, the action plan addressing pathways of care described a number of actions as complete, such as reviews of the Home First service and short-stay beds. A new model for discharge had been identified based on three simplified pathways of care out of hospital. It was not yet clear when these would be rolled out.

### **Housing – keeping people in their own home**

- At our review in November 2017, we identified that housing support services should be included in multidisciplinary working to support identifying people's needs earlier so that they could be helped to live at home. There was further work to do with system leaders who managed planning and housing. For example, in one area there were a lot of new build homes intended to be lifetime homes. However, the structures did not have the strength to support some adaptations. For example, ceilings could not take track hoists. Work was underway to develop closer links between occupational therapists and district teams to address issues such as these. There was a need for a wider system understanding of the impact of changing demographics and an ageing population.
- Funding for housing adaptations was inconsistent across Oxfordshire. For example, in one part of the county, Better Care Fund support for the Disabled Facilities Grant (DFG) meant that means testing for equipment and adaptations was not required up to a certain limit, whereas in other parts of the county this was not applicable. System leaders were restricted in how they could address this as DFG allocations to local housing authorities are determined nationally.
- Frontline community and social care staff felt that there was still a tendency for hospital staff to be risk averse. There needed to be a greater understanding of the benefits of equipment and technology and the extent to which that could enable people to remain independent. Staff felt that there was an emphasis on providing care packages to meet people's needs and alternative options were not maximised.

### **Carers**

- The action plan arising from our local system review in November 2017 described actions relating to care and support for people in caring roles. However, it did not clearly articulate how system leaders could assure themselves that carers were receiving support and had access to services. This presented a risk that people would not come into contact with services until they were in crisis. Opportunities to offer early support to enable families to stay at home together could therefore be missed. There was a carers strategy in place however system leaders acknowledged that this work was underdeveloped.

## People who fund their own care

- In November 2017 we heard that 53.2% percent of people funded their own residential and nursing home care provision. This was higher than the comparator average of 44.7% and the England average of 38%. Support for people who fund their own care was not prioritised by system leaders and key actions described in the action plan, for example the creation of a brokerage service for self-funders, did not have planned delivery dates. System leaders acknowledged that their plans were underdeveloped.
- We heard from staff that there was a need to provide further support for people who fund their own care. We heard that neighbouring authorities had developed a core offer for assessment of self-funders and early work had started on this in Oxfordshire but it was not yet in place. It was recognised that a lack of routine assessment and signposting may lead to people unnecessarily opting for long-term and sometimes inappropriate residential care. Frontline staff felt that many people who were delayed in hospital were self-funders with some people choosing to move into residential care.
- System leaders recognised that this was a shortfall, however they told us that they had needed to prioritise work around organisational development and winter planning.

## What are the reflections of system leaders in Oxfordshire?

- System leaders told us that there had been improved relationships and collaboration across health and social care organisations. They intended to build on this as they transformed services to realise their vision of integrated health and social care services in Oxfordshire.
- Work to co-produce strategic and operational plans with people who use services, independent providers and the VCSE sector was seen as a key enabler by leaders across the system. There was a recognition of the need to strengthen this way of working.
- There was a recognition that the pace of change was slow. They felt that the timescales in the original action plan were optimistic given the scale of change required. Now that they had made some key appointments there was an opportunity to start to plan and deliver more ambitious plans at pace.
- A number of workstreams were aligned and system leaders were active in the Buckinghamshire, Oxfordshire and Berkshire West STP. Leaders were also mindful of the need to develop strategic plans for Oxfordshire based on local needs and reflect the balance required between the STP and local plans to achieve the best outcomes for people.



# Direction of travel

## Areas for future focus

- The good work to develop relationships and address cultural change should continue and be embedded throughout the Oxfordshire health and social care system to improve the quality of services for older people in Oxfordshire. The older people's strategy should be agreed and implemented.
- The good work to develop relationships and address cultural change should be embedded throughout Oxfordshire's health and social care system. This should include engagement with the VCSE sector and independent providers.
- Timescales and targets for service delivery should be more ambitious to improve the pace of transformation. This includes plans such as the rollout of the CHC service specification. Reviews and evaluations of projects and pilots should be translated into decision making and wider delivery where appropriate.
- Performance metrics and reporting should be improved to support oversight and challenge with elected members of the district and county councils. These also need to be developed to provide outcome measures to test the effectiveness of plans.
- Commissioning with the independent social care market should be reviewed to move away from a transactional and traditional approach, and providers should be engaged in plans to support the development of the market.
- The draft workforce strategy for Oxfordshire should be agreed with the STP and implemented at pace, including the work with independent social care providers to support a sustainable workforce.
- The comprehensive review of pathways of care should be undertaken. Discharge to assess processes should be evaluated and streamlined to move away from bed-based assessments where possible. Housing needs, particularly equipment and adaptation needs, should be addressed as part of this review.
- Further organisation development work should take place to address the culture of frontline staff, particularly medical staff, to enable a strength-based approach to care planning.
- Support for carers and for people who fund their own care should be developed, particularly plans for the brokerage system which need to be allocated deliverable timescales.

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