Oxfordshire Joint Health Overview & Scrutiny Committee
21 June 2018

Update Briefing - Care Quality Commission Local System Review

Briefing by Oxfordshire Heath & Social Care System Leaders

1. Introduction

This briefing describes recent progress in the three keys areas that HOSC have requested they be kept up to date with, namely; developing the governance around the CQC plan and in the areas of innovation, best practice, and housing and workforce. It also addresses the request from HOSC for an evaluation framework for actions arising from the system review.

HOSC are asked to note the progress made and provide input on the suggested measures for an evaluation framework, the final version of which will be presented to the Health and Wellbeing Board for their agreement.

2. Progress update

The system continues to make progress on the CQC action plan and, as reported to HOSC in April, the Health & Wellbeing Board has undergone a review of its function, structure and governance, and in accordance with the CQC's methodology retains overall responsibility for delivery of the action plan.

A multi-agency sub-group, the Integrated System Delivery Board, has been formed to oversee a transformative programme of work between all NHS organisations and Adult Social care (including oversight of the CQC action plan). The Integrated System Delivery Board met for the first time in May and agreed that the Quality Leads for each organisation in the system will have oversight of the delivery of the CQC action plan and produce highlight reports for Integrated System Delivery Board, with onwards reporting to the Health and Wellbeing Board.

In terms of an evaluation framework section 6 of this paper provides some early thoughts around measures that could be tracked to assess the impact of actions agreed in response to the CQC's recommendations.

3. Update on innovations to address the CQC findings

The following innovations are worthy of note:

3.1 Wellbeing Teams

Inspired by the Buurtzorg model from the Netherlands, we are piloting a new approach to home care to help increase home care capacity and reduce delays in discharges from hospital. Small, not-for-profit, neighbourhood home care services will be set up to deliver homecare focussed on personalisation and reducing reliance upon services. They will support people to stay in their own home doing more of what matters to them.

The aim is to enable people to stay in touch with their local community which helps them to be happier, healthy and more connected with the support of those around them.

Because the teams will be locally based it will reduce travelling time and enable them to build strong local knowledge and relationships. This allows them to make best use of community assets, reducing the need for paid support. Wellbeing Teams work on self-management principles, enabling individual Wellbeing Workers to make decisions that are in best interests of the people they support. This means that teams are much more flexible and responsive to the individual's needs. They work to non-traditional shift patterns, which gives the teams an ability to attract and retain a previously untapped workforce, giving the potential to further stabilise the homecare market in Oxfordshire.

The Wellbeing Teams also work in partnership with 'Community Circles' which is a charity working to deliver circles of support at scale. A volunteer Circles facilitator helps support the person to achieve their outcomes and reduce social isolation. This innovative way of working enables Wellbeing Teams to achieve better outcomes for people without having to jump directly to paid support.

Pilots are being setup in Abingdon and Wallingford; the Abingdon Wellbeing Team will start delivering care to people in July.

3.2 Homecare Scheduling

We are exploring the use of IT to improve capacity and maximise efficiency in the Oxfordshire homecare market. One example of this is the use of ArcGIS mapping tools which allow us to look at the locations of visits online when scheduling visits. This offers the potential to reduce the amount of travelling time for each care worker and increase the number of visits they can complete.

This pilot builds on work already undertaken to map the locations of people receiving homecare and provides information about which provider is supplying the individuals. The next stage will be to match existing people and providers against the list of people waiting for care, in order to be able to best allocate to providers already operating within their locale. This should help prevent situations where different providers are visiting different people in the same street.

The homecare scheduling pilot takes this work to the next level, by introducing modelling. This will involve working together with individual providers to assess whether their current scheduling of homecare visits could be improved. This work is set to commence during the summer and is expected to span a 6-month period.

3.3 **Project COACH** (Connecting Older Adults to Care and Health)

Oxfordshire is piloting an innovative approach to supporting people in their own homes by assessing the potential the use of the digital devices such as the Amazon Echo Show (a voice activated device, connected to the internet with video capabilities) to support delivery of some specific (low risk) care visits, e.g. whether medication prompt visits could be provided via video calls, rather than directly in person. This pilot will also assess whether this device can provide additional benefits

such as supporting people in reducing loneliness by making connecting to others easier.

This builds on work being carried out in Hampshire, where they are piloting the use of similar devices to help improve the quality of life for people with little or no mobility.

This will be piloted with a single care provider, focusing on a small number of people (3 increasing to 10) who are receiving some care visits which have relatively low-level care requirements. Keeping the pilot small will enable close monitoring of how effective this will be.

Training on the use of the devices will be provided and the implementation will be phased to ensure that the person receiving services and the carer are comfortable with the device. An assessment will be completed to confirm that video calls are appropriate and the arrangement will be monitored to ensure the person is not at any risk.

The pilot will be delivered during the summer and early autumn of 2018.

3.4 Sustainability and innovation funding

As noted by the CQC, Oxfordshire has a strong community and voluntary sector with an example being the 200+ groups providing daytime support opportunities across the county to approximately 4000 people.

In order to encourage these groups and in light of the other changes to the daytime support services, we are providing ongoing sustainability and innovation grant funding to enable these groups to thrive and develop as well encouraging them to be innovative in their approach.

Examples of proposals put forward so far, include:

- Variation on the existing 'gig buddies' scheme, enabling people of all ages and needs to get out and do things that interest them, e.g. go to gigs / museums /etc. They are supported by people who themselves are part of a scheme which is helping them back into employment.

- Matching service for people living locally to each other, with similar interests to help develop friendships and to get out and about together.

- Cycling project helping older people and people with disabilities to get out and about with volunteers.

4. How learning from best practice examples elsewhere in the country is being incorporated in the work in Oxfordshire.

Stranded Patient Review

It is a fact that 48% of people over the age of 85 die within one year of hospital admission (Clark et al 2014) - the challenge therefore for health and social care

professionals is to value patients' time and reduce any unnecessary time spent in a hospital bed.

In early 2018, a national expert in improving care for older people, Dr Ian Sturgess visited Oxfordshire. He spent time with health and social care teams reviewing how our patients accessed our services and particularly how we review our stranded patients.

The national definition of a stranded patient is someone who has been in hospital for more than seven days – the definition of a "super stranded" patient is someone who has been is hospital for over 21 days.

In April 2018 over 50 health and social care colleagues from across Oxfordshire came together at a workshop run by Dr Sturgess and made a commitment to reduce the number of stranded patients in our facilities that have in-patient beds. One of the areas he recommended that we strengthen was to adopt a more system wide approach when reviewing stranded patients.

We have worked together as a system to identify opportunities to streamline the patient journey and avoid the number of inactive or "red days" a patient remains in hospital. The approach seeks to put the patient journey at the centre of provision and to fully recognise inactive periods in hospital as a harm event, resulting in deconditioning of the patient.

Our revised Stranded Patient process now runs every week and captures information on all acute and community hospital in-patients with a length of stay of seven or more days.

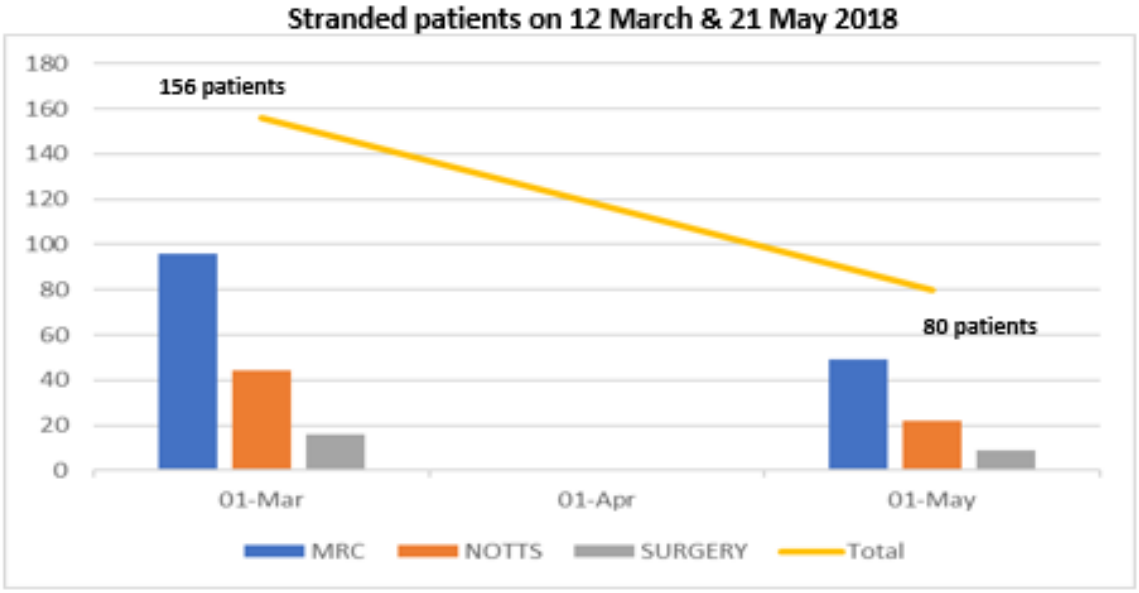
At ward level there is an escalation process (Level 1) involving a joint health and social care review of the patient asking the following key questions:

- Why does this patient need to remain in hospital?
- What is being done to get this patient home and by whom?
- What could have been done in the first few days to prevent this patient becoming 'stranded'?

As a system we agreed to come together at a senior management multi agency level escalation (Level 2) meeting every week to enable further escalation of process and provision problems that might be preventing the person moving on. This involved bringing management teams together from across the system including social care, community/integrated care, therapy services, discharge teams, mental health, the acute trust and commissioners.

This clearly defined escalation process is in place to enable complex cases to be referred up to system leads and where appropriate via a weekly escalation conference call with all Chief Executives participating and discussing wider issues for resolution.

This process has become a system priority at all levels and has resulted in a steady decline of stranded patients as detailed in the graph below. This in turn has contributed to the falling number of Delayed Transfers of Care.



The ultimate aim is for 85%-90% of acute admissions to be moved on before seven days, enabling resources to be concentrated on the 10%-15% of cases that are most complex.

The goal is to reduce harm from loss of muscle and physical fitness associated with increased admission length. In turn this will bring positive health, wellbeing and economic benefits for all by supporting people to maintain their independence at home at the earliest opportunity.

5. The work being undertaken to address the housing and workforce issues in the system.

Workforce and Housing issues were highlighted in the CQC report as two of the key challenges facing Oxfordshire, these were known issues and work had already begun on creating a systemwide programme to tackle these challenges.

The Oxfordshire System Workforce Action Group has been created to drive the workforce and housing programme and it has agreed the following objectives:

- Increase the number of care workers recruited to care roles
- Seek solutions to the barriers for care staff
- Improve recruitment process
- Implement a career progression and pathway
- Increase retention of carers within the sector
- Improve data and intelligence

This group is responsible and accountable to Health and Wellbeing Board and reports to the Berkshire, Oxfordshire and Buckinghamshire Local Workforce Action Board.

Work is well underway with several system 'Task and Finish' groups having been created with sponsors from each of the key system partners meeting regularly to deliver the changes required, with an initial focus on:

- Workforce Recruitment, Identity and Branding
- Retention, valuing staff initiatives, Home share, Shared Lives and Keyworker Housing
- Skills and Leadership, Mentoring, Career pathways, sector passport

Notable successes so far:

- Successful recruitment campaign that was funded across system partners

- We've come together as a system to ensure workforce is given a national agenda

    - Providing a response to the Draft Health and Care Workforce Strategy
    - Co-Chairing the Association of Directors of Adult Social Services (ADASS) Workforce Development Network
    - Nationally recognised Values Based Recruitment work
    - Department of Health and Social Care visit with System Leaders on 22nd May 2018

- A strategic workshop on key worker housing resulted in positive buy in to exploring how we take this issue forward, including:

    - Agreement in principle for a countywide definition of a Key Worker
    - Innovation and Best Practice Workstream
    - Quick wins (i.e. next six months) electric cars, staff discounts.

- Care Leadership programme finalised with providers and Health Education England and first cohort identified.

6. Evaluation Framework

To aid its scrutiny of the CQC action plan, HOSC requested an evaluation framework for actions arising from the local system review in order to assess the impact these will have on people receiving services.

The system is currently in the process of devising an evaluation framework in order to measure the overall impact of the action plan and this will need to be agreed by the Health and Wellbeing Board. It is suggested that rather than producing a separate framework, one version is used for both the Health and Wellbeing Board and HOSC.

It is clear on undertaking this work that there is no national set standard for measuring the performance of a system or specifically for the outcomes of the CQC action plans. It should be noted that for certain actions it may be difficult to measure the real impact on people, for example simplifying governance is unlikely to result in a tangible difference to people. However, they will of course feel the benefit that better governance will bring to frontline services via improved strategies and plans.

Across the system a considerable number of performance indicators are already being measured and reported on. It is from these that an evaluation framework could be drawn together to give an oversight of the impact the work carried about in relation to the CQC action plan.

- **Department of Health metrics: (used to determine which systems would be reviewed:**
    - Emergency Admissions (65+) per 100,000
    - Length of stay for emergency admissions (65+)
    - Total Delayed Days
    - People still at home 91 days after discharge from hospital
    - People who are discharged from hospital who receive reablement
    - Proportion of discharges which occur at the weekend

- **NHS Family and Friends Tests** – Measures if people are happy with the service provided, it is a quick and anonymous way of a person giving their views

- **Adult Social Care Outcomes Framework (ASCOF)** – A suite of metrics that measure how well care and support people achieve outcomes that matter the most to them. Some of the measures within this framework maybe suitable for the evaluation framework

- **Better Care Fund (BCF) Measures** – There are national measures and local metrics that are measuring how the BCF is making a difference

As a system we would value the input from HOSC on the measures suggested above and whether additional measures should be considered

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