

# Oxfordshire Joint Health Overview & Scrutiny Committee 20 September 2018

## Update Briefing - Evaluation Framework & Best Practice Examples

### 1. Executive Summary

#### Evaluation Framework:

- It is vitally important that the system measures how the work it is doing impacts directly on the people that use its services.
- Oxfordshire System Leaders propose that the evaluation framework is based around the whole health and social care system, which would encompass the CQC Action Plan.
- The system framework will:
  - include measures which track performance against long-term priorities, current priorities and the 'NHS social care interface dashboard' which the CQC used to determine the systems that would be subject to a Local Area Review
  - remain focused on system priorities, therefore measures may need to change over time to reflect priorities
  - be approved and owned by the Health & Wellbeing Board
  - be reported regularly to HOSC

#### Best Practice

- Examples of using best practice include
  - System Leadership for Urgent Care and Winter 2018/19
  - Workforce
  - Falls and Frailty Project

### 2. Background

In April this year following a presentation on the progress of the work being carried out in response to the CQC Local Area review, the committee asked Oxfordshire System Leaders to develop an evaluation framework to measure how actions taken in response to that review would improve outcomes for people who access services.

At the last HOSC meeting in June, Oxfordshire System Leaders reported that there is no national framework for measuring the performance of action plans developed as part of the CQC's programme of local system reviews. Similarly, the Department of Health & Social Care have not yet developed a performance framework for measuring a health and social care system in its entirety. It was also noted, that a number of performance indicators are already being measured and reported on and it is from these that a performance framework would be drawn together.

At the last meeting the committee received a presentation highlighting some innovative approaches to delivering services and an example of how Oxfordshire is learning from best practice from elsewhere. The committee requested that System Leaders come back in September with some additional examples of how best practice was being incorporated into work.

### **3. A suggested approach to Evaluation**

#### **3.1. Ensuring an evaluation framework accurately measures system performance**

Governance leads from across the system have begun the process of exploring the use of an evaluation framework focusing on the CQC Action Plan. However, after completing the initial scoping work this group now feels strongly that devising a new evaluation framework focusing on how one action plan (of many) impacts on people who receive services is not the way forward for a number of reasons:

- The CQC have provided Oxfordshire with an objective, trusted assessment of the local situation and improvement needed
- In many cases the recommendations and actions that have been agreed are very specific and form part of much broader pieces of work taking place across the system. Agreeing specific measures against the CQC action plan would not reflect or measure the other work that is happening across the system
- It is the Joint Health and Wellbeing Strategy, not the CQC Action Plan, that provides the overarching plan for the system. This strategy contains measures which are used to track progress towards delivering on the systems priorities. Reporting performance against these measures will provide a more complete and longer term strategic view of how the whole system is performing
- Many of the actions in the CQC Action Plan are strategic in nature and it would be very difficult to link them to specific impacts on people. For example, system leaders creating the required culture to support service interagency collaboration is unlikely to have a direct measurable impact on people receiving services
- The time and resource taken in defining a bespoke framework and regularly collating the information from across five organisations (and GP federations) would detract from the effort being made to deliver the change required

#### **3.2. The Framework**

It is vitally important that the system measures how the work it is doing impacts directly on the people that use its services. This should be done by using measures that cover the variety of services that make up the system and the range of people who receive those service.

Therefore, Oxfordshire System Leaders propose that the evaluation framework is based around the whole health and social care system, which would encompass the CQC Action Plan.

**3.2.1. Part 1 - Measures in the Joint Health & Wellbeing Strategy & other current priorities**

Measures to be included in the framework should be drawn from the existing Joint Health & Wellbeing Strategy as these focus on system priorities, are currently being measured and have agreed targets.

The strategy has three priorities for vulnerable adults and older people of which two are most relevant to the CQC review findings, it is from these that relevant measures have been selected for the proposed framework

- Priority 5: Working together to improve quality and value for money in the Health and Social Care System
- Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

It should be noted that a number of key system strategies including the Joint Health & Wellbeing Strategy are currently being updated. Section 2.6 describes how this part of the framework will be periodically updated to remain focused on current priorities.

This part of the framework should also include measures which are focused on other current system priorities that are not covered by the strategy. Hence the inclusion of the two reablement related measures in the proposed framework.

**3.2.2. Part 2 - Measures used by CQC for Local Area Reviews**

The CQC used six key measures from the ‘NHS social care interface dashboard’ when determining which systems would be subject to a Local Area Review. It therefore follows that it is against those measures that a system should evaluate itself to show how the actions taken following the review are contributing to improved performance. This would also allow the system to measure itself against its performance before the review.

**3.3. The Measures**

It should be noted that a framework of this kind needs to be iterative to remain focused on system priorities which change over time. The measures described below cover:

- Long-term system priorities
- Current priorities
- CQC selected measures to determine Local Area Review

Ref	Measure	Target
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<b>Part 1 – Joint Health &amp; Wellbeing Strategy &amp; Current Priorities</b>		
<b>1a</b>	Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages	997 or fewer
<b>1b</b>	Number of people waiting a total time of less than 4 hours in A&E	95% or above
<b>1c</b>	Reduce the average number of people who are delayed in hospital	83 or fewer
<b>1d</b>	Proportion of all providers described as outstanding or good by CQC remains above the national average	81% or above
<b>1e</b>	Number of older people placed in a care home per week	16.5 or fewer
<b>1f</b>	Increase the number of hours from the hospital discharge and reablement service	8920
<b>1g</b>	Increase the number of hours of reablement	5750
<b>Part 2 - NHS Social Care Interface Dashboard</b>		
<b>2a</b>	Emergency Admissions (65+) per 100,000 of the 65+ population	<i>tbc</i>
<b>2b</b>	90th percentile of length of stay for emergency admissions (65+)	<i>tbc</i>
<b>2c</b>	Total Delayed Days per day per 100,000 of the 18+ population	Average of 87 per day by March 2019
<b>2d</b>	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more
<b>2e</b>	Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more
<b>2f</b>	Proportion of discharges (following emergency admissions) which occur at the weekend	<i>tbc</i>

### **3.4. Ownership and Approval of the Framework**

The Health & Wellbeing Board should approve and own the system evaluation framework. The board have not formally met since the proposed framework has been devised and have therefore not yet had the opportunity to agree to the measures set out in this paper. This does however give HOSC the opportunity to comment on the framework prior to it being submitted to the next Health & Wellbeing Board for approval.

### **3.5. Reporting**

It is proposed that progress against each measure in the framework is reported regularly to HOSC. This could be in the form of a written submission or a short presentation from System Leaders.

### **3.6. Ensuring the Framework remains focused on priorities**

The Joint Health and Wellbeing Strategy is currently being refreshed by the Health & Wellbeing Board, this strategy sets the long-term goals and vision for the Oxfordshire Health and Social Care System.

There are five working groups and sub-committees under the Health & Wellbeing Board whose priority is to implement the Joint Health & Wellbeing Strategy. To enable this, each group has plans and strategies with reporting frameworks to measure the impacts and provide assurance to the Health & Wellbeing Board. The Integrated System Delivery Board and two Joint Management Groups are delivering the majority of the CQC requirements.

To ensure the framework remains focused on current priorities, measures from the reporting frameworks that these groups develop through their updated strategies and plans will be added to the framework as they are agreed.

## **4. Examples of Best Practice**

### **4.1. System Leadership for Urgent Care and Winter Planning**

On 26 & 27 July 2018, Oxfordshire System Leaders attended the NHS Improvement facilitated 'Improving Emergency Care Leaders Forum'. This event brought together leaders from Health & Social Care Systems across the country to learn about national best practice examples in improving the quality and performance of emergency care.

Oxfordshire System Leaders took inspiration from many of the presentations at the event which led to the development of a single system approach to both Winter and the leadership of Urgent and Emergency Care. This includes a dedicated Winter Team across commissioning and provider partners from health and social care, and a dedicated System Lead for Urgent Care who is the Winter Director.

HOSC will hear more about winter planning in the separate agenda item.

### **4.2. Workforce**

The Oxfordshire Joint Workforce Programme has been working closely with several national organisations to identify and learn from best national best practice, this includes organisations such as Association of Directors of Adult Social Services (ADASS), Skills for Care, Skills for Health, Health Education England and the Department of Health and Social Care.

#### **4.2.1. Care Certificate**

Building on what was learnt from a pilot in North West London, funding of £20k has been secured from Health Education England to fund work relating to the Care Certificate. This money will be used to standardise the qualification in Oxfordshire, and work towards it being universally accepted across the Oxfordshire Health & Social Care system as an agreed quality standard - this is recognised nationally as portability.

The Care Certificate is the set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors and aims to improve consistency and quality in the delivery of care.

The funding will enable a pilot of 60 places to confirm Care Certificate standards, signpost in terms of literacy and share learning and best practice across GP surgery support staff, domiciliary and Care Homes Staff.

#### **4.2.1. Recruiting under-24s year olds**

Inspiration was taken from work originally undertaken by the London Borough of Newham, when submitting a bid for £45,000 of funding from Health Education England. If awarded this funding will be used to pilot a recruitment drive with school/college leavers, create opportunities to promote careers in care, including volunteering opportunities with the Duke of Edinburgh Gold Award.

#### **4.3. Falls and frailty project**

This was originally conceived as a Service Development Project by a clinician in the South Central Ambulance Service in conjunction with Health Education Thames Valley. This was a one-year project for an Emergency Care Practitioner to work with an Occupational Therapist responding to 999 calls for patients who had fallen.

The project provided definitive care for these patients encompassing, acute assessment and treatment for the fall alongside functional assessments and the provision of treatment and equipment to ensure that patients were correctly assessed and referred and that subsequent risk of falls was reduced.

Due to the success of the initial trials in Reading it has now been commissioned across Oxfordshire and is currently being developed ready to go live for winter.

#### **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