Report of the Strategic Director, Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 12 July 2018

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Subject:

CQC Local System Review

Summary statement:

The Care Quality Commission has undertaken a local system review of the health and care system in Bradford District. This report presents the findings of that review and describes the next steps in the review process.

Portfolio:

Healthy People and Places

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Overview & Scrutiny Area:

Health and Social Care

1.   SUMMARY

The purpose of this report is to update OSC on progress with the Care Quality Commission's (CQC's) review of the Bradford District health and care system. It builds upon the briefing presented to OSC in January 2018.

The local system review is concerned with the interfaces between parts of our health and care system, and the impact on quality of these interfaces from the perspective of older people. Therefore it offers helpful insight into the effectiveness of the overall system.

2.   BACKGROUND

The Care Quality Commission was requested by government (DCLG and DoH) to undertake a programme of local system reviews. This is in addition to and separate from the CQCs existing programme of inspections and ratings of health and care services, and was triggered by investment in the Improved Better Care Fund and a national focus on delayed transfers of care.

Areas were selected to be part of the review programme on the basis on a set of performance measures known as the Combined Metric. A table showing the Combined Metric data for all local authorities including Bradford can be found at: https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions

It is noted that most local systems selected for review were areas where performance against the Combined Metric was comparatively poor. This was not the case for Bradford which was selected as an area where good practice was expected to be identified in view of comparatively strong performance against the measures in the Combined Metric.

3.   REPORT ISSUES

3.1 Focus and approach of the CQC's Local System Reviews

This programme of reviews seeks to answer three key questions;

- How do people move through the system and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care?
- How can this improve and what is the improvement offer?

This is looked at through the lens of older people's experience of using services, particularly where multiple agencies combine to provide a holistic offer. Therefore the CQC look at system performance along a number of pressure points on a typical pathway of care;

- Maintaining the wellbeing of a person in their usual place of residence
- Care and support in a crisis – including admission to hospital
- Step down – return to usual residence/ admission to new residence

Throughout the process the CQC is looking for a 'golden thread' connecting vision to

delivery, based on the belief that meeting the needs of local populations is only achievable through local collaboration; putting people first; shared vision and strong leadership; and all staff sharing that vision and delivering it.

3.2 Progress to date and next steps

The Bradford District CQC local system review is now in the final stages of the process;

- The CQC completed the on-site elements of their review in February

- We held a system wide Summit to consider the learning from the CQC review in May, which was attended by over 60 colleagues from across the system including Overview and Scrutiny. The outputs of that session will inform the action plan.

- The CQC published their local system review of the Bradford District system in May. It can be found here on the CQC web site: https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems

- As a system we are currently refining our action plan which will address the nine recommendations in the CQC's report. This is due for submission to Department of Health and Social Care by 6th July.

- The Health and Wellbeing Board owns the report on behalf of the system, and the Integration and Change Board will oversee implementation of the action plan on behalf of the Health and Wellbeing Board.

3.3 Report findings

The main findings of the report are;

- There was a clear shared and agreed purpose, vision and strategy described in the Happy, Healthy at Home plan which had been developed by the system. This was articulated throughout and at all levels of the system.

- System leaders across health and social care were compassionate and caring. They were clear that the needs of the person sat at the heart of their strategy and vision. System leaders encouraged the development of communities to build support around the person.

- There was a defined system-wide governance arrangement that pulled the system together and a clear architecture for development and roll out of the transformation of services in line with the plan.

- At an operational level, there was more work to be done to embed integrated working through integrated commissioning and funding.

- The system needs to continue to build on relationships throughout all levels and consider how the independent provider market is engaged as equal partners.

- Bradford had a good infrastructure through the Integration and Change Board (ICB) and Executive Commissioning Board (ECB).

- Although frontline staff found that sharing of information was still an occasional barrier, we also found that some of the information sharing processes were well developed.

- We found some good joined up interagency processes, particularly the Bradford Enablement Support Team (BEST) for reablement and the MAIDT (multi-agency integrated discharge team). The MESH team (the medicines service at home) was a further example of innovative practice. There was also good use of the VCSE sector to deliver services in equal partnership with health and social care staff.

- There were different ways for people to access services and they might be confused by different pathways into services. There were a number of 'single points of access'. These areas would benefit from being brought together as a single network and system leaders have recognised this.

- The workforce managed the flow through the system well and we saw that referrals, assessments and delivery of services were timely.

- Staff we spoke with were committed to improving outcomes for people and developing their strength-based approach. We found that staff were involved in developing the workforce strategy which would enable them to contribute to and to buy in to the system vision.

- People who lived in Bradford were supported to live in their own homes and their communities for as long as possible. They received holistic assessments of their care that took into account all of their social and health needs based around their strengths.

- People were supported to live independently in a community-based support system. However, people who were not eligible to receive funding for services had difficulties finding support and navigating through services.

- People were able to access help and support to stay safe in their homes through the use of technology and telecare systems.

- Although 87% of GPs provided partial access to extended provision which meant that people could access pre-bookable appointments, some people we spoke with told us that they could not get GP appointments when they needed them. This meant that they were more likely to attend A&E if they were anxious or unwell

3.4 The Action Plan

The action plan has been developed by a multi-agency project team that has worked together throughout the review process. The action plan will address the following nine recommendations made by the CQC:

1. System leaders need to address issues around quality in the independent social care market with a more proactive approach to contract management and oversight

2. Building on good relationships that exist between stakeholders such as VCSE organisations and GP alliances, this needs to be extended to the independent care sector

3. Leaders need to ensure that outcomes are person centred and caring in line with the vision and strategy

4. NICE guidance recommends that, apart from some exceptions, domiciliary care visits should not be shorter than half an hour. The commissioning of 15 minute domiciliary care visits needs to be reconsidered as concerns had been raised about the provision of care being task focused rather than person centred and leading to an increased risk of medicines errors.

5. There needs to be clearer signposting systems to help people find the support they need, particularly for people who fund their own care.

6. Although good work was in place with the local authority MCA and best interest assessment team, system leaders need to ensure that staff in health services and independent social care provider services have a better understanding of peoples rights and are able to understand the lifestyle choices that people make. System leaders need to address the fact that some peoples experience is not consistently good and person-centred.

7. There is potential to build primary care capacity and to maximise the impact of the primary care home model; the commissioning approach to primary care needs to maximise the outcomes from the two at-scale GP models emerging in Bradford.

8. Although information sharing and governance was well-developed, system leaders need to consider how to streamline processes when people are discharged from hospital with less reliance on paper based systems.

9. Medicines management when people have left hospital needs to be improved to reduce the time people have to wait for their medicines and to ensure that social care providers and people returning to their own homes have a clear understanding of the medicines they have been prescribed

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the implementation of the proposed recommendations.

6. LEGAL APPRAISAL

There are no legal issues arising.

7. RECOMMENDATIONS

Overview and Scrutiny Committee is asked to;

- Note the positive assurance provided by the CQC local system review, and
- Support the on-going implementation of the action plan, through the usual scrutiny processes.

8. APPENDICES

8.1 Appendix 1 - Bradford Local System Review – Care Quality Commission