

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire Health and Wellbeing Board
Date:	11 October 2018
Title:	CQC Hampshire Local System Review
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 01962 847200

Email: graham.allen@hants.gov.uk

1. Recommendations

1.1. That the Health and Wellbeing Board:

- a) notes this overview of the Care Quality Commission's Local System Review of Hampshire and the Action Plan that has been jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.
- b) agrees how it will oversee the delivery of the Action Plan.

2. Executive Summary

2.1. The purpose of this report is to provide an overview of the Care Quality Commission (CQC) Local System Review which took place in February and March 2018. CQC published its [findings](#) on 21 June 2018, following a summit with health and care system leaders, partners and other stakeholders on 20 June 2018. Please also find attached a link to the recently published CQC [Beyond barriers - How older people move between health and social care in England](#) report.

2.2. The Hampshire Health and Care System was required to produce an Action Plan to address the findings of the Review by 20 July 2018. This process was led by the Director of Adults' Health and Care, liaising with system leaders in the NHS to ensure that all actions were jointly agreed, with leads assigned and clear arrangements in place to monitor progress. The Action Plan was signed off by the Chair of the Hampshire Health and Wellbeing Board and progress on implementing the Action Plan will be overseen by the Health and Wellbeing Board.

3. Contextual information

3.1. In 2017, the Care Quality Commission (CQC) was asked by the Secretaries of State for Health and Social Care and Communities and Local Government to undertake a programme of targeted reviews in 20 local systems. The purpose of the reviews was to look at how well people move through the health and social care system in a particular area, with a focus on the needs of people over

65. CQC looked at the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

- 3.2. Hampshire was selected as one of the 20 areas for review. CQC undertook Hampshire's Local System Review between February and March 2018 with an intensive fieldwork visit taking place between 12 and 16 March 2018.
- 3.3. A substantial self-assessment document and data library was prepared for CQC ahead of the Review, and CQC also sought information from organisations through two surveys to supplement national performance data and CQC's own data sets.
- 3.4. CQC Reviewers spoke to a wide range of individuals and groups as part of the review, including:
 - system leaders from Hampshire County Council, including elected members, the Health and Adult Social Care Select Committee and the Health and Wellbeing Board;
 - Hampshire NHS Clinical Commissioning Groups;
 - NHS acute hospital and community provider trusts;
 - health and social care professionals including social workers, GPs, pharmacy leads, discharge teams, therapists, nurses and commissioners;
 - Healthwatch Hampshire and voluntary, community and social enterprise sector organisations;
 - providers of residential, nursing and domiciliary care; and
 - people who use services, their families and carers who attended focus groups, as well as people in A&E, on hospital wards and at residential and intermediate care facilities.
- 3.5. CQC also reviewed 24 care and treatment records and visited 20 services in the local area including acute hospitals, intermediate care facilities, care homes, GP practices, hospices and out-of-hours services.

4. Finance

- 4.1. The Action Plan to address the recommendations of the CQC Review sets out a range of activities that will take place over the next twelve months, some of which will have financial implications, such as the development of integrated intermediate care, more pooled funding arrangements and some joint leadership roles. Any new activity will be resourced using organisations' existing business as usual budgets or transformation/cost of change budgets.

5. Performance

- 5.1. The CQC review process does not result in a performance rating for the local area reviewed. The report identified many areas of strength across Hampshire's health and social care organisations. Hampshire was complimented by CQC on the logistics and organisation of the Review and this was the largest System Review undertaken. Strengths that were identified included:

- a consistent and shared purpose, vision and strategy across all organisations in support of people;
- strong performance in a range of outcome measures across health and social care responsibilities;
- a strong understanding of the health and social care needs of Hampshire's population;
- good examples of inter-agency work at a strategic and operational level;
- services and the experiences of residents are high in a number of indicators, when benchmarked against other comparable health and care systems nationally;
- a commitment to providing opportunities for people receiving services and their representatives and carers to influence service development; and
- an advanced use of digital tools to provide support to people and to enable staff in different organisations to share information, reducing unnecessary duplication.

5.2. Recommendations for improvements included:

- streamlining the hospital discharge processes across Hampshire to support people to leave hospital as quickly as possible once they are deemed medically fit to do so;
- improving the recruitment and retention of key groups of staff such as those who deliver home care;
- exploiting opportunities to pool funding and join up services more consistently; and
- improving strategic oversight, specifically through the HWB determining and agreeing its work programme, including how to make the system more coordinated and streamlined, and forming stronger, more coordinated links with the STPs.

5.3 The Action Plan prepared to respond to the CQC findings is attached as Appendix C. This sets out in more detail the suggested areas for improvement identified by CQC and the Hampshire system's proposed response. It is intended as an evolving iterative Action Plan with a completion date of July 2019. Performance monitoring of activity in the first three months is currently underway, with good progress already made in a number of areas, such as improved governance, the establishment of an Improvement and Transformation Board to progress delivery of the Action Plan, and appointments made to key new senior roles. An updated Action Plan will be available for the next meeting of the Health and Wellbeing Board in December.

6. Delivery of identified improvement areas

6.1. Over the course of the period March to June 2018, alongside the CQC Local System Review, further detailed work has been undertaken at a health and social care system level to better understand on a forensic level, in each of the three main acute hospital systems, reasons for poor patient flow and delayed transfers. This detailed work was undertaken by Newton Europe, a specialist

consulting organisation, through funding provided by the national Better Care Fund team and the Local Government Association.

- 6.2. The work undertaken, with the active engagement and involvement of all sector organisations, has enabled far greater detailed multi-agency understanding of issues at play within the Hampshire system. This work has clearly identified the inter-relationships of many factors and is clearly not the responsibility of any one organisation. To that end and in parallel with the CQC identified actions, the learning from Newton Europe's analysis has been enshrined into the CQC action plan. This requires organisations both individually and collectively to operate differently. This has commenced immediately.
- 6.3. From a Hampshire County Council perspective, a 'home first' model of supported discharge has been implemented with immediate effect, through greater use of the in-house reablement service. Key elements of the hospital discharge teams' activities have been changed to reduce potentially linear approaches and this has resulted in fewer people having process delays in their discharge pathway. There have been reductions in the average length of stay that people experience, meaning the risks associated with acute admissions and slow discharge are positively reducing.
- 6.4. Furthermore, at a system level an appointment has taken place at a senior executive level to oversee patient flow and discharge pathway improvements across all of the Hampshire acute hospital footprints. This role, alongside a clinical lead, is working with all system partners to ensure consistency of approach and, most importantly, an improvement in outcomes and systematising best practice in patient flow and onward care.
- 6.5. In the coming months, the early adoption of improvements and changes to the operating models in the first half of this financial year across the acute systems is anticipated to both reduce the risks of increased demands upon NHS services and maintain reduced transfers of care at a significantly lower level than in previous years.

7. Consultation and Equalities

- 7.1. CQC Reviewers met with groups of service users, carers, and patients, as well as a number of voluntary and community sector partners, as part of the main Review, and also during a two-day pre-Review visit that took place between 21 and 22 February 2018.
- 7.2. The intention will be to continue to involve users, carers and patients as part of the process of implementing the Action Plan to address the Review's findings.

8. Future direction

- 8.1. The CQC Local System Review process has been resource intensive for staff involved, particularly the core team who supported the Review and the many individuals and organisations involved in the fieldwork. However, it has been beneficial in that it has provided an opportunity to improve collaboration across the system, and to accelerate service transformation to the benefit of residents.
- 8.2. The Hampshire Health and Wellbeing Board, under the leadership of its Chair (the Executive Member for Adult Social Care and Health) and Vice Chair (Chair

of the South East Hampshire Clinical Commissioning Group) will oversee the delivery of the Action Plan.

- 8.3. The Hampshire County Council Health and Adult Social Care Select Committee will also receive regular updates as to the progress being made, in line with the finalised Action Plan.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
The review was carried out under Section 48 of the Health and Social Care Act 2008 .	July 2008

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

There are no equalities impacts arising from this report.

2. Impact on Crime and Disorder:

2.1. Not applicable.

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact identified.

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact identified.