

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee/Panel:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	14 March 2019
<b>Title:</b>	CQC Hampshire Local System Review
<b>Report From:</b>	Director of Adults' Health and Care

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### 1. Recommendations

#### 1.1. That the Health and Wellbeing Board:

notes this update of the Care Quality Commission's Local System Review Action Plan that has been jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.

receives a progress update on the Action Plan due for completion in July 2019.

### 2. Executive Summary

2.1. The purpose of this report is to provide an update on the Action Plan 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. This report was published by CQC on completion of the review cycle and shared their findings of the 20 reviews undertaken.

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.

2.3. The Action Plan has now been updated at the six-month gateway as attached in Appendix C.

### 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 set out an extensive range of activities to take place over the following 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. New activity will be resourced using organisations' existing business as usual budgets or transformation/cost of change budgets through closer alignment and coordination of roles and responsibilities.

#### **5. Performance**

- 5.1. The CQC Review process did 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.

## 6. Areas of Improvement

### 6.1. Progress has been made in a number of areas:

- Oversight of patient flow and onward care is now improved through the creation of the role of a Director of Transformation – Patient Flow and Onward Care. This post is supported by a Clinical leadership role. These roles are working across 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. Much work is underway within each acute hospital system and indeed more generally across the whole health and social care economy and much more work will be required to continue improvements system-wide into the next year and beyond. However, from a social care perspective there has been a 75% reduction in the reported Delayed Transfers of Care (DToC) in the period December 2017 – December 2018. Work continues to establish greater collaboration and integration of service delivery. It is intended to develop work with Healthwatch Hampshire to support and drive this work.

- A revised Health and Wellbeing Strategy has been developed in partnership with key representatives from statutory agencies and stakeholder groups. This will provide the strategic direction for all organisations and agencies across Health and Social Care, with a Business Plan to support delivery to be agreed by the Board in June 2019.
- The Health and Wellbeing Board Executive has been replaced by an improved arrangement which brings together adults' and children's social care and NHS partners (providers and commissioners) in the form of an Improvement and Transformation Board. This is supported by an Integrated Commissioning Board which allows for improved governance related to the commissioning responsibilities of the Local Authority and Clinical Commissioning Groups. Work is also underway to establish, in due course, a wider "public sector board" of senior officers in the county to which health chiefs will be a party.
- A workforce development programme has been established to address recruitment retention and skills development for social care organisations. This is in collaboration with domiciliary care providers, care associations and NHS colleagues.
- A communication workstream has brought greater integration and alignment between communications strategies and shared arrangements are now in place.

6.2. Winter resilience plans confirmed in each system have contributed to wider system capacity planning. The improved planning for this winter has meant that through additional capacity being generated much earlier in the season the system(s) have been in a safer position through December and the first half of January. Based on work undertaken throughout the year, the strength of relationships across organisations is supporting our collective effort with many of our staff and teams receiving regular plaudits from NHS partners. However, this is not to say that further work will not be required and continued risk in the overall health and care system remains, particularly around system resilience, financial and workforce in particular.

## **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 through the various workstreams that are ongoing and 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 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. This together with the analysis work undertaken by Newton Europe has enabled clarity of focus. However, despite national additional funding to support the continued sustainability of NHS services, which is welcomed, and whilst awaiting

publication of a Social Care Green Paper the health and social care system remains fragile overall.

- 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) is responsible for overseeing 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**

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

**Other Significant Links**

<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
The Review was carried out under <a href="#">Section 48 of the Health and Social Care Act 2008</a> .	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.)

DocumentLocation

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:**

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

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:**

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

No impact identified.

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.