Wiltshire Integration Board

Date: 14/02/2019

SUBJECT: CQC closedown report

At the 07.02.19 meeting of the Health and Wellbeing board, the board were presented with a report which summarised the findings, recommendations, and areas of improvement highlighted by the CQC Local system review. The report was accepted by the Health and Wellbeing board.

The purpose of this report is to share the CQC report with the Wiltshire Integration Board for information.
Subject: CQC System Review and Action Plan

Executive Summary

I. The CQC Local Action plan was submitted to CQC in July 2018. The local action plan at that time was a direct response to the sixteen areas of concern raised in relation to the interface between health and social care services. The Local Action Plan has now been subsumed into the overall Wiltshire Integration Programme which is accountable to the Health and Well-being board.

II. This report is the final report relating to the 2018 CQC local system review, and provides a summary of the actions that have been undertaken in respect of the review and explains how some of the longer-term actions have been incorporated into the Wiltshire Integration Programme.

Proposal(s)

It is recommended that the Board:
   i. Note the progress taken to respond to the CQC review

Reason for Proposal

To provide an update to Health and Well-being board on the progress made to embed changes from the CQC local review, and to explain how longer-term actions relating to areas such as workforce have been subsumed in to the overall Wiltshire Integration Programme.

Lead Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell
Purpose of Report

1. Health and Wellbeing Board members are asked to consider this report along with the attached programme delivery plan. The plan remains a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Background

2. At the October meeting of the Health and Wellbeing board the committee members were briefed on the CQC local system review process, which resulted in the submission of a local action plan on 13 July 2018. Since that report, the Wiltshire Integration Board (WIB) have agreed to consolidate the residual actions from the CQC review process into the overall Wiltshire Integration Programme plan. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together focusing on a shared programme of change.

   The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, many areas of work being system-wide. This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will shift the focus on delivering care in a health setting into an emphasis on integrated health and social care services delivered at home or closer to home.

Main Considerations

3. The final CQC report published on 14 June 2018 recognised the hard work and effort already being done by all staff and partners to improve the care and support for Wiltshire residents, but at the same time suggested sixteen areas of improvement for the system. These areas of improvement can be summarised as follows:
4. System Leaders have been made substantial progress over the last period to implement changes to the overall system, in most cases incorporating areas of improvement into existing business operations, in some areas such as Workforce new programmes of work have been commissioned. A summary of progress is provided below:

**AOI 1: System leaders in health and social care must work more effectively together to plan and deliver an integrated strategy**

The Wiltshire Integration Board is now an established and mature senior decision-makers forum, and enables conversations to take place at a strategic level to develop and plan the Integrated strategy, significant progress has been made here to develop a shared integration strategy.

Following on from our public engagement sessions in 2018 A new Wiltshire wide health and social care model has been developed which lays the foundation for closer integrated commissioning and for more integrated service delivery across eleven neighbourhood areas
Organisational changes have been made whereby the CCG Director of Community and Joint Commissioning and the Local Authority Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration.

Two important new groups have been formed to provide the time and space to plan and implement the Integration Strategy, these are the Wiltshire Commissioning Group, and the provider delivery group, both groups are now implemented and established, and have already produced a new model for health and social care, which is shortly to be rolled out across the large stakeholder groups across the county.

The Sustainability Transformation Plan (“STP”) is in the process of recruiting its executive director structure and following that the three STP CCGs will reform to support the STP strategic at scale and the local place based approach. This will be a catalyst for even greater integration, collaboration and joint working across commissioners and providers in health and social care at the Wiltshire level.

**AOI 2: System leaders must urgently agree the continuing healthcare dispute protocol and resolve outstanding disputes. Systems must be put in place**

A new CHC Programme Board has been designed and implemented which is jointly chaired by the Local Authority and Wiltshire Clinical Commissioning Group. The Wiltshire Dispute Resolution Policy has been produced and ratified at the CHC Programme and is now approved by all parties.

**AOI 3: System leaders must work together to develop a culture that encourages joint planning, continuous quality improvement and integrated systems**

New arrangements have been implemented across the system to ensure that joint planning takes place, significant joint planning has taken place recently to prepare the whole system for the winter period through the A&E Delivery group. Short term planning is now managed through a joint senior decisions group which now meets on a weekly basis. We have now also implemented regular 1:1 meetings between The CCG Accountable officer, Council DASS and between Acute CEO’s and DASS.

At the more strategic level the Wiltshire Integration Board is now a mature and established forum where joint planning takes place. The revised Health and Wellbeing Board Strategy is being fully co-produced across all system leaders and is part of the jointly owned Wiltshire Integration Plan.

**AOI 4: churn at senior leadership level. There should be a focus on developing stable leadership arrangements across the system**

Wiltshire’s original intentions to create a joint CCG Accountable Officer and LA Director Adult Social Care post have now changed considering the wider changes to CCGs and moves towards an Integrated Care System at the STP level. Wiltshire Council have now appointed a permanent DASS.
The focus now is to create stable and sustainable structures across BSW, Wiltshire CCG and Wiltshire Council to support the place based and ICS developments, integrated commissioning and care.

The CCG Director of Community and Joint Commissioning and the LA Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration. As referred to earlier the STP is currently in the process of recruiting its executive director structure and following that the three STP CCGs will reform to support the STP strategic at scale and the local place based approach.

Since the CQC review process in 2018, there have been no changes to the senior leadership level, and the management structures are now recruited to on a permanent basis.

To reflect the strategic importance being placed on integration in Wiltshire, organisational changes have been made whereby the CCG Director of Community and Joint Commissioning and the Local Authority Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration.

**AOI 5: System leaders should create some space outside formal Health and Wellbeing Board meetings**

The Wiltshire Integration Board is now an established and mature senior decision-makers forum, and enables the open space for members to develop and plan the Integrated strategy, significant progress has been made here to develop a shared integration strategy.

Similarly, there are new groups for commissioners (Wiltshire Delivery Group), and for providers (Provider Delivery Group) to provide time and space for service development, and systems leaders are spending time together outside of the formal partnership meetings to develop thinking, strategy and approach.
AOI 6: Overlap of roles between elected members and senior officers in the local authority.

A complete overhaul of the governance structures took place in 2018 as indicated below, this has clarified all roles, including the role of the chair, membership, and stake-holders. The respective roles of elected members and chief officers is clear and rehearsed regularly in liaison and supervision sessions.

AOI 7: System leaders should develop an integrated workforce plan for Wiltshire.

The system has been working to address the workforce challenges for some time. There was an overwhelming consensus amongst system leaders however that this should become a priority system focus across Wiltshire and the STP. In Wiltshire a Workforce Sub Group has been created that reports directly into the Wiltshire Integration Board and is guided by the newly formed Wiltshire Delivery Group. The Workforce Sub Group is co-chaired at Director level between the CCG and LA. In addition, a workforce programme lead has been employed to work closely with their colleagues in the Local Authority and across provider partners to develop a Wiltshire workforce strategy.

The Wiltshire Workforce Sub Group recognises that the response to the workforce gap faced currently by providers is not just about numbers. We need a professional and clinical workforce that is skilled and equipped to work in new ways to support service transformation and to deal with the changing needs of the population.

To achieve this, we will develop a more integrated, multi-skilled workforce that is flexible and mobile across multiple functions and disciplines and can drive the movement of care provision closer to home. We will also consider technological developments and how these can support the future Health and Social Care
workforce to deliver better care services in a more efficient way. This approach is supported by all system leaders and endorsed at the Wiltshire Integration Board.

**AOI 8:** explore where transformation work streams across health and social care can be aligned to further integration and reduce duplication of resources.

Jointly Wiltshire Council and Wiltshire CCG have created an overarching Wiltshire Integration Programme plan. The plan has been established to take initial steps and changes required to deliver an Integrated Care System for Wiltshire. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together focusing on a shared programme of change. The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, many areas of work being system-wide.

This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will shift the focus on delivering care in a health setting into an emphasis on integrated health and social care services delivered at home or closer to home.

Initially the plan contained 9 separate workstreams however since its inception, 2 of the workstreams (review whole systems governance and health and wellbeing effectiveness) have been delivered and closed. The remaining 7 workstreams have identified SROs and programme leads and are monitored and delivered through the revised governance structure. They are all focussed on supporting the delivery of the transformation and integration of Health and Social Care across Wiltshire. The revised workstream plan is below.
WCCG has made financial resources available to support the integration agenda and the development of Workstream 1 and the development and delivery of the Health and Social Care model. The WIB has already agreed the 11 neighbourhood areas around and upon which it will build local support and services.

AOI 9: The Better Care Plan, should be refreshed and updated to reflect priorities aligned to the STP and the local transformation agenda.

The Better Care Plan is being refreshed at the time of this report, in readiness for the 2019/20 submission required nationally.

AOI 10: GPs, VCSE organisations and independent social care providers should be considered as partners

A critical part of the process within Wiltshire was the acknowledgement of the strategic and operational importance of providers as equal partners on the integration journey. The importance of removing the commissioner-provider split and blending the approach to joint working was recognised and implemented initially in the revised governance structure.

The members of the Wiltshire Integration Board (WIB) cover all partners. The Wiltshire Delivery Group (WDG) which reports to the WIB encompasses all providers across, primary, secondary, and community care, adult social care, third and voluntary sector and the independent sector. This group has embraced this opportunity with enthusiasm and is already driving forward significant change at a local level. Some of this work is being adopted at the STP level. The immediate priorities in line with the Wiltshire Health and Social Care model and the NHS 10-year plan are:

- Prevention
- Integrated Neighbourhood Teams
- Rapid Response

The GP alliance in Wiltshire is maturing as are the Primary Care Networks within it supporting the 11 neighbourhood areas that have been agreed at WIB level.

AOI 11: System leads should review the continuing healthcare referral and assessment process

As referred to earlier in the report the Joint CHC Programme Board has been established which has drafted and agreed a range of CHC policies. In addition, county-wide training for front line practitioners has taken place training over 300 staff which is anticipated to improve the referral rate for CHC. Improvements have been made in the timeliness of CHC assessment against the national target of 28 days, further work to enhance social care capacity to support the process is ongoing

AOI 12: A clearer, proactive approach to system-wide risk sharing should be developed supported by intelligence
The previous BCF dashboard has been reviewed, and the datasets have been increased to provide a full Integration dashboard for the Wiltshire system. This report now provides the intelligence for senior officers and leaders to plan and re-plan services as required, including risk sharing. Our recent work as a whole system to plan for Winter was entirely evidence based and we worked pragmatically around shared funding, integrated discharge teams in each hospital. We have been able to reduce delayed transfers by 25% when compared to the corresponding period last year.

**AOI 13: clearer access to support and sign-posting for people who fund their own care**

A new front door operating model went live on 21 May 2018. This included Prevention (including Local Area Coordination), Information, Advice and Guidance (which includes the digital front door), Front Door Operating Model and the Adult Multi-Agency Safeguarding Hub.

These projects delivered a centralised team, fully trained to offer improved advice and guidance to all customers, including self-funders. The Customer Journey was reviewed and improved so that financial assessments are carried out earlier in the process and better information about self-funding options is made more clearly available to customers.

In addition, the ‘Your Care Your Support Wiltshire’ website’s editing and content management was brought in house and fully reviewed. Review outcomes include improved search results through the use of key words and tagging, and re-writing content for accessibility and understanding, in line with the Government Digital Services guidelines.

We are working on restructuring the website to reflect our current demand and will continue to refresh and promote the information it holds.

**AOI 14: Alignment and integration of localities and improved joint working to ensure effective integrated health and social care teams**

The newly formed Wiltshire Commissioning Group and the Wiltshire Delivery Group are jointly responsible for developing the new Wiltshire model of Health and Social Care. This is workstream 1 in our Integration Programme Plan. The groups have adopted and are developing their model of care which focuses on 10 ‘components of care’.
This has been brought to life in a further three stages of work that takes the 10 components of care and:

1. Describes their successful delivery in the form of ‘I statements’ from potential consumers – this forms the **Outcomes**

2. Envisages and attempts to describe what the successful delivery would look like that might elicit those ‘I statements’ – This forms the commissioning intentions or outline specification for the Wiltshire Model of Care

3. Attempts to identify what support and services are already in place in Wiltshire locally which will highlight the gaps between what ‘good looks like’ and where we are currently

The analysis of where we currently are is owned by the Wiltshire Delivery Group and will be assessed against the 11 developing neighbourhood areas. This piece of work is currently known as the Wiltshire ‘Flower’. This work will form the basis of the Joint Commissioning Strategy.

Integrated Neighbourhood Teams are critical to the development and delivery of the Wiltshire Model of Care at the local level. Whilst Community Teams are
already in place, and there are already excellent examples of joint and collaborative working across all partners, there is not a consistent approach and model that has been replicated and embedded. This is now an agreed priority of the Wiltshire Delivery Group.

**AOI 15: contingency planning in place to manage the transition from block purchasing to in-house reablement**

At the time of the local systems review, Wiltshire council was in the midst of a rationalisation of the provision of its reablement services by moving away from external provision to a core in-house service. It was recognised that this process spanned the critical winter period over 2018/19 which carried inherent risk given the existing challenges in providing reablement support.

The Local Authority and the CCG agreed to develop joint integrated discharge pathway spanning Homefirst and Reablement which was funded through the better care fund. Recruitment to both initiatives began before Christmas and where it was recognised that recruitment might not be sufficient to meet the forecast need, additional capacity was built in elsewhere in the system (additional Intermediate Care bed capacity) to support over the winter period. At the time of writing this report, recruitment to the reablement service is strong across the county and the fully integrated Homefirst/Reablement pathway is about to be rolled out initially in the West followed quickly by the North and South of the county.

We have therefore as a system mitigated and managed this risk to closure.

**AOI 16: Contracts with independent health and social care providers should have clear specifications and an outcomes framework**

A review of community health contracts is underway to reclassify them in relation to the vulnerability of the population they serve as opposed to their value. This will include a review of the validity of specifications and outcomes. Social Care contracts for home care have been re-let under a new Help to Live at Home Alliance which went live in October 2018. The specification was co-produced with service providers and partners, and includes clear metrics on quality, timeliness and workforce. These metrics are now being developed into a dashboard which will be widely shared.

As the Wiltshire Model of Care develops, all contracts with independent health and social care providers will be reviewed and aligned to the outcomes agreed and inherent in the model.

5. Whilst most of the of improvement have been actioned, there are some areas that will require a longer time line to effect lasting system change. These are Workforce, Better Care Fund plan refresh, and the review of provider contracts. These areas have been transferred to the Wiltshire Integration programme and can be summarised as follows:
6. **Next Steps**

We would like to ask the Health and Wellbeing board to note the progress to incorporate the areas of improvement into ongoing business operations.

7. **Timescales**

No further action regarding the 2018 CQC local system review is recommended.

**Report Author: Tony Marvell**

**Portfolio Delivery Manager - Integration**