



**Report of:** Paul Bollom (Lead for CQC System Review & Leeds CQC System Review Task and Finish Group)

**Report to:** Leeds Health and Wellbeing Board

**Date:** 16th September 2019

**Subject:** Update on the CQC Leeds System Review Action Plan

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Summary of main issues

The 2018 CQC Local System Review resulted in the Health and Wellbeing Board (HWB) agreeing thirty six actions to improve people's experience of care across the Leeds system. This report updates on progress of these actions highlighting areas of development and challenge. Good progress is being made across all of the actions which has resulted in improved quality and outcomes for people with the any further work to be undertaken detailed within the updates per action.

## Recommendations

The Health and Wellbeing Board is asked to:

- Review, challenge and unblock progress where needed of the action plan
- Provide comments and challenge to help drive the forward implementation of the actions.
- Confirm what if any further review is required by HWB
- Confirm how HWB may wish to share progress on the action plan.

## **1 Purpose of this report**

- 1.1 In September 2018 Leeds was informed that the Care Quality Commission (CQC) were intending to undertake a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia.
- 1.2 The LSR report published in December 2018 recognised a range of strengths in Leeds while acknowledging system challenges that required addressing. A workshop of key stakeholders developed a robust action plan owned by the Health and Wellbeing Board with cross system actions embedded within our existing partnership boards / groups.
- 1.3 Attached is the updated action plan of which the Health and Wellbeing Board received and approved on 23rd January 2019. This report aims to provide a summary of the progressions made to date.
- 1.4 The Health and Wellbeing Board are asked to review the progressions of the action plan and provide comments and challenge to help drive the forward implementation of the actions.

## **2 Background information**

- 2.1 The government commissioned CQC to work beyond its single agency quality inspection role to review health and social care systems based on the footprint of local authority areas. The purpose was to find out how services are working together as a system to care for people aged 65 and older. There was a particular emphasis on the experience, quality and consistency of people's journeys of care across agencies in a system. The reviews were carried out under Section 48 of the Health and Social Care Act 2008. CQC have already carried out similar reviews in other local authority areas across the country.
- 2.2 Within a Local System Review CQC are looking at how hospitals, community health services, GP practices, care homes and home care agencies work together to provide seamless care. They look at how well systems are:
  - maintaining people's health and wellbeing at home;
  - providing care and support when people experience a crisis;
  - supporting people when they leave hospital;
  - how people move between health and social care; and
  - how services are commissioned and how funding is used.
- 2.3 The reviews test if the support and services offered in each local system are safe, effective, caring and responsive. They also assess the leadership across services and across the local system – asking the question, are they well led?
- 2.4 The choice for CQC to review Leeds was made by the Secretary of State for Health and Care and was predicated on data indicators that suggested Leeds was facing local pressures particularly in patient flow. Leeds (at the time of the data analysis) was a national outlier for average lengths of stay in hospital, and Delayed Transfers of Care (DToC).

- 2.5 During the CQC review, CQC were provided with a summary of local information, including local plans and data sets, as background information about the current position of the health and care system in Leeds, and the likely future direction.
- 2.6 The review team visited Leeds during September and October 2018 to hear the experiences of service-users and community groups. They returned to listen to the views of our workforce and strategic leaders and decision-makers. They also carried out a number of site visits to our health and care settings (including hospitals, care homes and nursing homes).
- 2.7 The timetable for the CQC visits included:
- Engaging and meeting service users from older adults groups and those living with dementia, carers and independent care providers.
  - Visits to Wykebeck Day Centre, Crossgates Neighbourhood Network, The Arch Age Concern and Carers Leeds.
  - Host focus groups with Yorkshire Ambulance Service, representatives from the Third Sector, health and social care professionals, commissioners and providers.
  - 1-2-1 interviews with key leaders and partners.
  - Acute hospital visits including emergency teams, discharge management, Chapeltown Health Centre, Church View Surgery Crossgates, Recovery Hub@South Leeds, Pennington Court and BAME Hub, Leeds Community Healthcare.
- 2.8 In total, CQC hosted 34 interviews, held 18 focus groups and completed 15 site visits. They received three presentations, and interviewed 250 people (1-2-1 or in focus groups). They also received 170 completed questionnaires by private providers and staff.
- 2.9 The CQC report is published on their website. The full version of the report can be seen at:  
[https://www.cqc.org.uk/sites/default/files/20181219\\_local\\_system\\_review\\_leeds.pdf](https://www.cqc.org.uk/sites/default/files/20181219_local_system_review_leeds.pdf) . All other system review reports for the other areas can be found at:  
<https://www.cqc.org.uk/local-systems-review>
- 2.10 On 17th December, a Summit of key stakeholders was convened where CQC shared their findings and senior leaders from across health and care came together to discuss how Leeds would respond to the recommendations
- 2.11 Using the feedback during the Summit and further discussions across the partnership, a draft action plan was developed. The HWB agreed the action plan on 23<sup>rd</sup> January 2019 and takes oversight and responsibility for the driving forward the implementation, using the findings to challenge the system to deliver the outlined actions.
- 2.12 The action plan is a local process. Leeds has no formal requirement after the review to further update CQC on progress with actions. It should also be noted that some systems have been revisited by CQC after their initial review.

- 2.13 The Health and Wellbeing Board agreed actions would be progressed within existing partnership governance structures, e.g. System Resilience Assurance Board (SRAB), Integrated Commissioning Executive (ICE) and Partnership Executive Group.

### **3 Main issues**

#### **Overview**

- 3.1 Appendix 1 details the progression made on the plan actions. Each of the original action owners in the plan have agreed a brief description of progress and a determination of whether progress matches the action objective (yes – green, in progress – orange, insufficient or no progress – red)
- 3.2 Of the 36 actions that were agreed within the CQC action plan, 27 are rated as green, 9 amber and none rated as red.

#### **Progress highlights**

- 3.3 Health and Wellbeing Board were clear in their January meeting that in their view the most important action and finding from the CQCs work was highlighting a lack of the collective understanding of people’s experiences of care across the Leeds system.
- 3.4 Progress in this area has been good. Leaders in the city agreed to delegate progress to a newly constituted “*A How Does it Feel for Me?*” group. The Group has full partnership representation and have agreed three key actions which are well underway:
- The first is to develop a better route to recording in-depth people’s experiences. Starting with four individuals initially, video and audio records are being made across time by the participants providing verbatim feedback on their current care journey in Leeds.
  - The second action has been to agree a rolling programme of comprehensive, multi-agency case reviews to understand across partners how professional decision making has influenced the experience of care.
  - The third action seeks to think systematically about how do we capture, hear and act on people’s experiences of health and care services and then when they move in and out of health and care settings. The focus of this work is to particularly identify and work with those mechanisms where people are already telling their story/sharing their experiences. The experiential stories and case note review results will be shared in a planned sequence including partner agencies, partnership groups and Health and Wellbeing Board.
- 3.5 The CQC challenged the clarity across the partnership that the hospital pressures are recognised as a system issue. Progress has been made by way of a full review of the governance supporting the system resilience agendas and by ensuring this is reflected in system-wide strategic plans.
- 3.6 There has been extensive partnership development and support for the 2018-19 System Resilience Plan. Actions that had been previously planned and completed

through the review process helped Leeds to significantly shift the experience of people needing hospital care in winter 2018. Actions challenged growth in admissions and a more proactive bed planning strategy and improved discharge arrangements helped ensure no person was required to stay in a non-designated bed area in the hospital. Analysis of the winter response is being used to refine and improve plans for 2019-20 to ensure progress is maintained and improved upon.

3.7 There has been development and action to embed a culture of 'Home First' – challenging ourselves to think why can a person not be at home today (allowing home to be a variety of health enhancing options). The purpose is to share a collective ambition to ensure people wherever appropriate can move away from hospital needs to a community setting, key updates to note are:

- The Home First strategy was agreed by the PEG in May 2019. The Home First work stream is now established with all system partners represented.
- Leeds Clinical Commissioning Group (CCG) has commissioned primary care to ensure that all care homes could be supported by targeted resources enhancing care and increasing capacity to remain in the care home for a range of conditions that may lead otherwise to a hospital visit. The commitment increasing the resource available with effect from 1 April 2019. Additional detail can be found in the update on action 12.
- There are continued plans to work with Primary Care Networks (PCNs) during quarter three to ensure a 100% coverage of targeted resources for the care home population in preparation for the national specification to be implemented from 1 April 2020.
- A re-audit was undertaken by Newton Europe in May 2019 of the destinations people reach after a stay in hospital. The review demonstrated modest progress with 41% of people reaching a non-ideal outcome on discharge compared with 56% a year earlier.

3.8 The CQC challenged the Leeds system to have a more coherent and jointly agreed strategy for workforce matters.

3.9 Progress made to date on the Workforce Strategy includes:

- Co-creating and finalising shared workforce priorities with final reporting to PEG due in October 2019. This work is being linked to the Leeds Plan refresh, and the ongoing national and system work on the NHS Long Term Plan implementation.
- Our "one workforce" approach encompasses all partners including the NHS social care, public health and the independent and voluntary sectors. We recognise that the majority of our health and care workforce operate outside of the statutory sector and they are increasingly the workforce we will rely upon to deliver the new service model of care focussed on prevention and care closer to home and as such are integral to any future workforce planning. Whilst the NHS People Plan is focussed on "Making the NHS the best place to work" our approach in Leeds is focussed strongly on making "health and care" the best place to work.

- There is strong agreement that by focussing some of our workforce activity in priority neighbourhoods, especially employability and outreach programmes, we can significantly impact on the wider determinants of health and transform those communities' health outcomes.
- Leeds health and care place-based representation now confirmed for Local Workforce Action Board to support the West Yorkshire & Harrogate Integrated Care System workforce priorities and Organisational Development programmes.
- In June 2019 partnership governance for workforce matters was streamlined in Leeds. Agreement was reached to jointly appoint a Director role to coordinate workforce matters across the Leeds footprint.
- Leeds and the West Yorkshire & Harrogate Integrated Care System has been selected to participate in the national pilot to test and develop the workforce readiness assessment tool - supporting NHS Interim people plan operating model workstream. Impact and funding of any resource implications of the citywide workforce strategy yet to be finalised.

3.10 Work in underway to develop 'one' system dashboard/scorecard for health and care which will provide an indication of day to day progress against achieving our outcomes. This work will be finalised in-line with the refresh of the Leeds Health and Care Plan. Recognising the holistic nature of our Health and Wellbeing Strategy we are also developing a simple way of providing regular assurance to the HWB of progress against all of the priorities and indicators within our Health and Wellbeing Strategy.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

- 4.1.1 Please refer to points: 2.6 – 2.8 which provides more detail the journey of engagement taken by the CQC Review Team who visited Leeds during September and October.
- 4.1.2 The CQC Review Team met with service-users, community groups, our workforce and strategic leaders and decision-makers. They also carried out a number of site visits to our health and care settings (including hospitals, care homes and nursing homes).
- 4.1.3 The CQC Action Plan has been developed based on the findings of this review and subsequent discussions and Summit (17<sup>th</sup> December 2018)
- 4.1.4 Any specific changes undertaken within the CQC Action Plan affecting any areas of the system will be subject to agreed statutory organisational consultation and engagement processes.

Please also refer to the actions noted in the key progress (point 3.4) which details improvements made to citizen engagement, experiences and journeys.

## **4.2 Equality and diversity / cohesion and integration**

- 4.2.1 The CQC Action Plan embodies actions to review and improve our health and social care system to the benefit of people aged 65 and older. This contributes to improving health of the poorest the fastest in line with the Leeds Health and Wellbeing Strategy.

## **4.3 Resources and value for money**

- 4.3.1 High rates of admissions and poor or slow journeys of care are recognised resource and financial risks for the Leeds system. The agreed actions will help to ensure that these are minimised.
- 4.3.2 The CQC Action Plan supports actions to encourage integrated commissioning frameworks putting people's experiences central to the framework. This approach promotes the efficiency of the collective Leeds £.

## **4.4 Legal Implications, access to information and call In**

- 4.4.1 There are no legal, access to information or call in implications from this report.

## **4.5 Risk management**

- 4.5.1 The CQC Action Plan is a system responsibility with oversight from the Health and Wellbeing Board. The Health and Wellbeing Board agreed to delegate day to day risk management and progress management to appropriate partnership boards in the city. These boards have used a range of risk management methodologies to ensure action progress.
- 4.5.2 The Leeds Health and Wellbeing Board are requested to use the findings on progress to support and challenge the system if there are risks that actions are not delivered or are no longer correct as target areas for improvement.

## **5 Conclusions**

- 5.1 At the end of 2018, the Care Quality Commission (CQC) undertook a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia.
- 5.2 This has led to the system responding by developing a robust action plan owned by the Health and Wellbeing Board with cross system actions embedded within our existing partnership boards / groups.
- 5.3 The CQC Action Plan has provided in the main a successful approach to capturing and sharing partnership priorities and progressions. This has allowed for efficient and effective working in the city and linking enabling and supporting programmes together.
- 5.4 There is further opportunity to drive forward and implement the actions detailed which will improve how services are working to care for people aged 65 and over, including those living with dementia.

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Review, challenge and unblock progress where needed of the action plan
- Provide comments and challenge to help drive the forward implementation of the actions.
- Confirm what if any further review is required by HWB
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## **7 Background documents**

7.1 None

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## Implementing the Leeds Health and Wellbeing Strategy 2016-21

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### How does this help reduce health inequalities in Leeds?

- It is recognised that those with lower economic or social resources may be more susceptible to delays in their transitions of care. Reducing delays overall may help tackle this inequality.
- Significant delays in people's care journeys are in some cases associated with disability or conditions where mental health is also implicated. Reducing delays overall may help tackle this inequality.
- People's experiences of care will provide better insight in how inequalities affect journeys of care in the city allowing action to be taken to address these.

### How does this help create a high quality health and care system?

- Feedback from people's experience of care is that poor journeys of care across settings are a significant cause of distress and delayed recovery. Direct feedback has raised where use of non-designated beds has historically led to distress in people using them. Changing patterns of care to journeys of care of high quality and minimal use of.
- High quality systems are recognised as having a cohesive culture maximising the use of community settings and home as a basis for recovery wherever appropriate.
- Systems which include voices from all partners in planning and consider themselves as a single cohesive system are more likely to provide cohesive high quality services.

### How does this help to have a financially sustainable health and care system?

- Services which do not account for the experience of users between them, and/or go on to provide delayed care or provide care which does not maximise chances of recovery to someone's home present a financial risk. This risk would be likely to grow with demographic changes if no action is taken.
- Leeds can create a more sustainable system by reinvestment in community and preventative resources which reduce financial risks experienced in high usage of hospital care where not warranted.

### Future challenges or opportunities

- The future opportunities are to track the impact of the CQC Action Plan and related System Resilience Planning activity in Leeds through concrete data. This is an ongoing action in the plan. This will be an area of further review by HWB.
- Additional work prompted by analysis of attendance and admission patterns at hospital could extend the scope of the current CQC Actions and is an area for further consideration by the Board.
- There is an opportunity to consider if the Board wished to share progress proactively with CQC to date.
- Poor progress could present a risk of further CQC review and intervention.

<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X