

Gateshead – 11th May 2018

Local System Mini Peer Review

Background, scope and methodology

In April 2017 the government issued additional funding for social care, they announced that attached to the additional monies would be a set of targets which local areas would have to achieve and also a targeted programme of whole system reviews which would be undertaken by CQC using an “appreciative enquiry” methodology. The purpose of the reviews is to ascertain how people move through the health and social care system with a focus on the interfaces, with particular reference to Delayed Transfers of Care (DToC).

Some colleagues within the North East region took the opportunity to be part of some of the CQC review teams and one local system, Hartlepool Borough Council, was selected as one of those areas to be reviewed. The process for the reviews has been well received and those involved were keen to share the learning with the rest of the region as part of the regional SLI offer so all systems could benefit.

The review would take place as a one day ‘mini review’. Due to the time restrictions expectations of what could be achieved would need to be clear but the review team were clear that it would complete the day with some key findings and follow this up with a short report as well as offering a face to face meeting with the DASS and AD.

The review was based very much on the essence of the methodology of the CQC full system reviews with Gateshead supplying their SOIR and CQC data pack along with H&WBB plans, Market Shaping Plan, DPH Annual Report, BCF submission and JSNA priorities.

The programme of the day included a presentation from system leaders in Gateshead giving an overview of Gateshead and the key issues arising from the SOIR; this was followed with 3 focus groups and 6 one to one sessions with system leaders. The focus groups included frontline staff, providers and service users/carers with the one to ones being with the DASS and AD, commissioning leads, finance and resource leads as well as acute trust leads, CCG leads and DPH alongside the lead member and Chair of the H&WBB.

The day allowed the review team to reconvene twice to discuss findings, consider any emerging themes and highlight any areas where further exploration was needed. There was then time at the end of the day for key findings to be pulled into a presentation and fed back to the system, allowing the opportunity for any comments and questions with the review team.

The review team

The review team consisted of the following review team leads:

- Ann Workman, Director of Adults and Health, Stockton Borough Council and NE ADASS Chair
- Neil Revely, North East Care and Health Improvement Advisor
- Jill Harrison, Director of Adult & Community Based Services, Hartlepool Borough Council

Supported by the following:

- Karen Buckham, Programme Officer, North East ADASS / ADCS
- Ian Hall, Policy and Project Manager, North East ADASS / ADCS
- Paula Swindale, Head of Commissioning & Strategy for NHS Hartlepool and Stockton-on-Tees CCG and NHS Darlington CCG.

Summary of findings

Gateshead has a strong SOIR with evidence of key partnerships, well established relationships and joint models to enable system wide transformation with 6 partners signing a statement of intent to undertake collaborative working for new and innovative health and social care interventions.

Much of Gateshead's story is very positive although there was some confusion and differing views on where system and strategic leadership sat. There are a number of partnership boards which are referred to using different names by different people; this needs to be clearer for all concerned with responsibilities, reporting and governance lines clearly defined. There is the potential for the H&WBB to have a stronger leadership position in the system and be instrumental in directing the focus, vision and direction of the system.

In the past there have been a lot of workforce challenges across the system including that of senior management in the Local Authority which had an effect on services and has been felt by all involved; although it is a credit to partners that they have stuck with the Local Authority whilst there have been some significant uncertainties. There is now more stability in terms of a DASS and Service Directors with a number of comments made regarding how well received the new DASS and AD have been and how changes are already being realised across the system and partnership working is now firmly in place. Workforce issues remain in terms of succession planning, sickness levels and home care provider turnover. This is recognised by the system and steps are being taken to address these challenges.

Gateshead have been proactive in a number of pilots including the Vanguard 'enhancing health in care homes' programme and these pilots should be evaluated and mainstreamed if successful to ensure that the outcomes of these are not lost following the completion of the pilots and that those positive developments are sustainable.

There is a need for further development in communication methods and joined up information for the public and service providers, as well as awareness of signposting and access to services. This theme ran throughout all focus groups with suggestions that the system is hard to navigate for service users and carers, information that is available is out of date and frontline staff have found this increasingly frustrating when trying to explain to families and users the next steps in their care; providers also felt they needed more information to enable them to understand their role and signpost effectively.

Sustainability in home care and care home markets is one of the biggest challenges for the system and there are opportunities for health to become more involved in the Market Position Statement. A number of those spoken to during the review felt that more could be done to consider an more joined up approach to care home providers that focuses on local needs and shared priorities such as joint provider forums or engagement events. Further inclusion of housing services should also be explored. A review of investment in prevention across the board could be carried out to ensure there is a shared understanding of prevention priorities and the most effective use of resources.

Are services well led?

Shared clear vision, credible strategy, governance, workforce, commissioning and risk

Those engaged described a single direction and therefore a shared vision and understanding across health and social care. Gateshead will continue to make progress and show signs of a clear momentum which they want to build on at a local level, although there is uncertainty about STP and regional approaches and whether they are a distraction. Despite these potential distractions, there is a clear focus on achieving the best possible outcomes within Gateshead which is commendable. The system is getting on with the job and not waiting for STP / ICS strategic planning to come to fruition as it is viewed as being in embryonic stage. There was a clear sense of joint commitment, trust, partner engagement and understanding of the key issues for each part of the system. Examples were given of joint boards and regular meetings between Accountable Officers and senior team members from across the system. It was also stressed that working closely together did not prevent challenging and difficult discussions from taking place.

The H&WBB is a strong forum that is well chaired which provides governance, challenge, assurance and leadership. It is seen as very inclusive and open to challenge, however views were also shared that it can feel too much like a local government led Board with officers reporting in to it rather than it providing strategic leadership across the system. The H&WBB strategy is currently dated 2016-2017; this requires updating and the DPH gave assurance this would be happening on the back of the recently published Public Health Annual Report. This could be a good opportunity to update in line with a stronger leadership position as mentioned above.

There were a number of comments regarding the growth in confidence of system leaders and significant improvements in partnership working over the last 12 months which was reassuring to hear. There is a willingness to get on with making changes for the residents of Gateshead by all and relationships are seen as far more open and transparent with engagement events for providers feeling like 'genuine engagement' rather than being tokenistic.

The dedication of frontline staff within the system was clear to see, with passion and willingness to improve evident within the focus group session. Staff want to make a difference for the residents of Gateshead, they are prepared to make, and would welcome, changes to ensure the right care is given. There are some challenges which they face working as a system including:

- Conflicting priorities across agencies (KPIs etc).
- The work and effort required to establish joint policies and procedures.
- Data and information sharing is difficult with access problems with different agency systems.
- Long term domiciliary care is 'jammed' and more needs to be done with regards to making this a profession and attracting new people to employment within the sector.
- Streamlining of communication and the provision of up to date information is essential for patients so they are aware of what they can expect and what they will receive.

Gateshead's next stage is to go a step further where individual organisational challenges and risks (e.g. finance) become system challenges with joint ownership. During the review a week long session was in

planning to look at the 'Gateshead pound' and this was viewed as a possible watershed moment where joint governance, finance and outcomes were to be considered across the whole system. The strategic thinking was in place and partners recognised that they now needed to deliver it.

The system felt that short term financial targets were deliverable but moving forward there was a joint understanding and a pragmatic acceptance that the picture is more challenging year on year to the point where it may no longer be achievable. It was noted that the Care Partnership is clear that they are on a single path.

Workforce planning and development

This is recognised as an area which needs to be developed although there is some good work ongoing. There are plans for more apprenticeships and grow your own opportunities and there is also work ongoing with the Learning and Skills Council with some good opportunities to recruit into adult social care.

The retention of social workers is good and the LA has recently recruited 4 AMHPs through embracing the need for a rota system to improve work life balance. Sickness within the LA workforce has been an issue however this is being addressed in a variety of ways and a reduction has been seen. Workforce challenges within the NHS were also recognised and NHS system leaders were engaged in regional work to address these challenges.

Social care providers have an aging workforce which is a big concern. The impact of being in the same locality as the Metrocentre was cited as an example of the challenges which Gateshead faces to attract and retain the adult social care workforce with competition from other sectors, which are often seasonal. There are regular provider meetings taking place to develop new models to ensure sustainability of the sector in relation to the workforce.

Whole system approaches to commissioning

At the point of the system review Gateshead had just recruited to a joint commissioning post across health and social care. There is already a history of good partnership working together and it is anticipated that the new post will support a move from joint commissioning to an integrated commissioning model with agreed joint outcomes. Children have been identified as a priority and may need to be the focus initially. There was evidence of good joint commissioning outcomes as part of BCF and iBCF plans, such as equipment services in which learning from joint reviews ensured a transparent approach and reduced duplication and this had also been seen within carers' services.

A framework has been developed and agreed in relation to the early identification of joint commissioning plans including:

- Intermediate Care
- Urgent Care
- DToCs

A combined project group is developing the system architecture that will inform a joint commissioning model. It was identified that Gateshead needed to move from procurement based upon price to a commissioning model based on values and outcomes. It was suggested that a piece of work was needed to look at making Gateshead's commissioning intentions real and also highlighted that housing needs to form a greater part of any future strategic commissioning process.

A number of joint commissioning reviews have been undertaken to ensure the commissioning and delivery of high quality services and value for money. The prevention agenda is a high priority for both the LA and the CCG to support people to live independently avoiding the need for an unnecessary hospital admission/long term care placement.

Capacity to move integration faster was seen as a challenge. Planning timetables for commissioning are often out of sync across organisations which impacts on commissioning plans, however evidence of potential opportunities was also seen through the joining up of VCSE commissioning with the LA and CCG. The THRIVE approach was cited as an example of successful joint working.

Development of the Gateshead Care Partnership (GCP) was seen as a good platform and successful model to develop plans for the integration of services, although there is a need to stop over monitoring specifications and find an acceptable middle ground for all.

Market shaping

Historically relationships between providers of homecare and care homes with commissioners were not particularly strong however these are now described as very good with evidence of partners and stakeholders working together to address demands and challenges across the sectors. It was reported that CCG relationships with care home providers are not as positive due to the focus always being on finance. This could benefit from being looked at from a whole system approach.

Gateshead has achieved great success through being part of the Vanguard project although only 63% of care homes have adopted the full model; lessons learned are being rolled out to support the care market however the perspective of front line staff is that it should be in all. There is a care homes work stream which is a system wide group looking at ways to improve and future proof services. However there are some gaps within the care home market where more specialist provision is required.

The domiciliary care market is very fragile and options are being explored to integrate domiciliary care provision within the GCP, which would be an innovative approach with the new model being part of the wider community services infrastructure. New fees have been agreed to stabilise home care services in light of locality pressures across Gateshead.

It was recognised that a 10 year commissioning strategy or a joint market position statement was needed. There hasn't been a great involvement or input from health in the current MPS which could be improved.

How do services work together to...

Keep people well and maintain them in their usual place of residence?

There is evidence of good relationships with a number of schemes being provided by the VCSE and third sector to maintain people's wellbeing including Age UK, Gateshead Older Peoples Assembly and the Alzheimer's Society. The Fire Service Prevention Team provide home visits to over 65's to discuss fire prevention, undertake wellbeing assessments and work with other care providers to make sure every contact counts in keeping people safe in their usual place of residence.

Conflicting messages were received with regards to a Care Home Scheme in place with GPs. This scheme provides ward rounds to support the development of emergency health care plans to avoid residents being unnecessarily transferred to hospital, however feedback from within the provider focus group suggested that there was little in place to maintain people in care home settings in a crisis with hospital admission seen as the default position.

The overall quality of care across the system is good. People who use services and family carers provided examples of excellent care and spoke extremely highly of the staff who had delivered the care whether this was at home, in hospital or in a care home. Carers talked about the care and support they had received which had reduced their own care needs enabling them to continue to care for their loved ones. There was also agreement that access to primary care was excellent with the exception of one specific area of Gateshead.

Where issues were raised it was not with the care itself but with access to information about provision and at times how care was coordinated. Examples were given of a lack of clear information to navigate a confusing system, multiple phone calls, out of date information and the lack of a central point to refer to or ask questions. This potentially resulted in carers, families or friends feeling like the onus was on them to find a way through the system rather than concentrating upon their loved one or their caring role. There was a lack of clarity about dementia support and how people access support following a diagnosis with one provider stating that referrals received are often inappropriate and '95% of people are lost'.

The prevention offer did not seem to be well co-ordinated meaning that there was potential duplication and people finding the system difficult to navigate. It was perceived by providers that the CCG was reluctant to invest in prevention.

Manage people effectively at a time of crisis?

There were some good examples given, especially from the focus group consisting of frontline staff, regarding services across the board working together to ensure the person is at the centre of the approach, encompassing safeguarding, social workers, domiciliary care, reablement and rapid response. Staff were passionate about the services they provided and recognised the need to work together and share information; they welcomed this although they are hampered due to data and systems. There have

been positive developments in relation to locality teams linked to GP clusters and a Rapid Response Team.

There was a suggestion from the service user and carers group that a contact and information sheet should be available for families on first contact, so they can navigate the system especially when in a crisis. The frontline staff focus group also referred to information being out of date and not relevant.

Where respite care is accessed it is viewed as being a very good service. However, there were different views offered by people who use services and family carers about waiting times and access to respite care.

Return people to their usual place of residence, or a new place that meets their needs?

There was strong evidence that the system is committed to this agenda with some positive feedback from service users including comments that the QE service was 'excellent'. However there were also some examples given where improvements could be made including communication relating to discharge. In terms of coordination of care, examples were given of confusion with hospital to home transfers where medication and equipment had not been coordinated with discharge. Alternatively, examples were also given of high quality care when things went to plan.

Shortage of home care is impacting on patient flow; there is a backlog of those waiting for long term domiciliary care which impacts on the Prime Service as these patients stay with Prime until long term is available. Commitment from the service ensures that the person requiring care is not left without services however this has an effect on other parts of the system. This is a cause of concern for those on the frontline and is particularly challenging in rural areas of the borough.

Suggested areas for future focus

- H&WBB role to expand with clear leadership and challenge
- Continue to focus on domiciliary care and workforce issues
- Develop IT infrastructure to support the work of frontline staff
- Improve information and communication for people who use services, carers, staff to navigate the system
- Improve consistency around discharge planning
- MPS to include partners rather than focusing solely on Council / social care services
- Housing to form part of future strategic commissioning model
- Move towards commissioning model based upon outcomes not procurement based upon price