HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of: Phil Holmes, Director of Adult Services

Date: 27th September 2018

Subject: Making it Better: health and care partnership work to improve support to older people

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Summary:

This agenda item provides a summary for Health and Wellbeing Board members of performance across the NHS and social care in supporting older people with health and wellbeing.

This is in the context of the Care Quality Commission's Local Area Review of Sheffield that focused on three key areas in order to assess how well older people move through the health and care "system":

1. Maintaining the wellbeing of a person in usual place of residence
2. Crisis management
3. Step down; return to usual place of residence or admission to new place of residence

The report sets out:

- How we are performing in Sheffield in relation to joined-up support for older people with their health and care needs
- The action plan agreed by partners to ensure continual improvement.

Questions for the Health and Wellbeing Board:

The Health and Wellbeing Board is being asked to:
Review the information provided and agree recommendations about the future role of the Board to ensure that older people in Sheffield experience the best possible health and wellbeing.

Recommendations for the Health and Wellbeing Board:

Health and Wellbeing Board members are asked to review the information provided in the presentation and appended documents and provide comments about plans for improvement as well as arrangements (including the future role of the Board) in ensuring improvements are maintained.

The specific recommendation with regard to the future focus of the Health and Wellbeing Board is that it ensures governance arrangements are robust to drive the right outcomes for older people, and it evaluates progress every six months to ensure a meaningful shift to prevention at scale that means a greater number of people are able to maintain health and wellbeing for longer.

Background Papers:

Appendix One: The Sheffield Care Quality Commission report
Appendix Two: The Sheffield Local System Review Action Plan

What outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

Outcome 4 – People get the help and support they need and feel is right for them

Outcome 5 – The Health and Wellbeing System is innovative, affordable and provides good value for money

Who have you collaborated with in the writing of this paper?

Rebecca Joyce, ACP Programme Director

Making it Better: health and care partnership work to improve support to older people

1.0 SUMMARY

1.1 It has been a national concern for quite some time that older people often find support with their health and care needs to be not well coordinated. Even though individual professionals are most often excellent and truly committed, the older person's experience of the overall "system" is nevertheless fragmented. They do not always receive the right support in the right place at the right time.

1.2 In recognition of this the Care Quality Commission (CQC) instituted a series of Local Area Reviews in different parts of the country in the winter of 2017 that had concluded across 20 areas by June 2018. Sheffield was one such area.

1.3 The focus of the reviews was on three areas of activity: maintaining the wellbeing of a person at home, responding in a crisis and helping people return home after a crisis. What CQC wanted to see was a preventative approach where older people had support to stay healthy and happy at home as long as possible and where any issues were dealt with quickly.

1.4 The Department of Health and Social Care (DHSC) used six measures adjusted for local population to decide which areas ought to receive a review.

i How many people aged 65+ had to be admitted to hospital on an unplanned basis (Sheffield ranked 92nd out of 150 Local Authority areas using 2017-18 data)

ii How long people aged 65+ had to stay in hospital (Sheffield ranked 140th)

iii How long people aged 65+ had to wait in hospital even though they were medically ready to leave (Sheffield ranked 141st)

iv How many people aged 65+ were able to go home from hospital at the weekend if they were ready to do so (Sheffield ranked 139th using 2016-17 data)

v How many people aged 65+ were able to benefit from support with rehabilitation (sometimes known as reablement) once they had left hospital (Sheffield ranked 12th using 2016-17 data)

vi How many people aged 65+ benefitted from this rehabilitation to the extent they were still at home 91 days later (Sheffield ranked 135th using 2016-17 data)

1.5 Although these measures look very focused on the hospital, they provide a good proxy for how well health and care is supporting older people overall. Measure (v) above suggests a significant amount of community capacity is available, yet in spite of this older people in Sheffield are more likely than most places to be admitted to hospital, much more likely to have to stay an extended time, and less likely to stay at

home in the longer term once they leave hospital. Other areas, by showing better performance on these measures, are in effect demonstrating better grip on prevention that means more capacity can be used to keep people healthy and well at home, and less is necessary to respond to crises which are managed effectively when they do occur.

1.6 It is important to note that Sheffield's front line staff, both in the NHS and social care, and in all sectors, work with skill and dedication. The following quotes from CQC's final report, attached in Appendix One, acknowledge this and also refer to other Sheffield strengths.

i "Frontline staff were dedicated to providing high-quality, person-centred care"
ii "We found strengthening relationships and a strong commitment to achieve the best outcomes for the people in Sheffield"
iii "In a crisis, there was a collaborative response to support system resilience and risk mitigation"
iv "There were good foundations for further development on a system-wide basis"

1.7 However the high level messages from CQC are firstly not just to respond well to crisis, but to prevent it occurring in the first place, and secondly to quickly build on Sheffield's strong foundations so that older people here experience better outcomes from a much more joined up approach.

1.8 CQC has just announced six more Local Area Reviews. Three are for areas where they have never been before, including Leeds. A further three are for areas which were visited in the first 20 reviews and where CQC want assurance of progress. Therefore it may well be that Sheffield is visited again soon, particularly if we cannot demonstrate quick progress.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

What the Care Quality Commission found and Sheffield's response

2.1 The CQC report is attached at Appendix One. There is considerable detail there and Sheffield's response (laid out in detail in Appendix Two) will be summarised below.

2.2 The CQC approach was to focus on the experience of older people in Sheffield, and also the experience of local staff in working within our health and care "system". They pursued this with focus and integrity. The final report could have been written more clearly, and there are sections where CQC could have done better in robustly linking particular assertions to substantiating evidence. Nevertheless the view of health and care organisations in Sheffield is that the conclusions drawn by the Care Quality Commission are essentially valid, and based on a thorough process of triangulating views and evidence not only from "system leaders" but much more importantly from the people who we serve and the front-line staff who almost always do an excellent job in extremely difficult circumstances.

2.3 The CQC challenge to Sheffield is that better local system leadership can improve these circumstances both for staff and local people. National constraints are a key factor and the Care Quality Commission have also challenged national bodies to help create better conditions for improvement, both in Sheffield and elsewhere. However there is also considerable local scope for improvement. The national report produced by CQC to sum up the learning for all twenty reviews carried out to date can be found here .

2.4 The key areas of improvement for Sheffield are set out in the Action Plan which is provided as Appendix Two. This plan was developed after considering CQC feedback (itself informed by feedback from local Sheffield people) and deciding on priorities in partnership with local statutory and voluntary organisations.

2.5 The most prominent issue was that Sheffield's health and care services did not seem to be designed with the needs and preferences of the older person at their very centre. This meant that although individual staff did all they could, people could get a bad experience as they travelled between different services. Therefore sections 1 and 2 of the plan set out actions to develop *a way of working that is built around acknowledging and improving older peoples' views and experiences and which drives a citywide vision.*

2.6 There was also a strong sense that Sheffield's system was not only difficult to navigate for older people but similarly so for staff. Sections 3 and 4 of the plan focus on a *shared citywide workforce strategy to support front-line staff in delivering this vision and in particular further develop multi-agency working.*

2.7 CQC felt that the above gaps could be addressed most robustly if organisations worked together more clearly and robustly in the interests of local people and of front-line staff. The Health and Wellbeing Board were regarded by CQC as the key place for the public to be able to hold organisations to account for operating in a joined up way to achieve the best outcomes for older people. Overview and Scrutiny was also felt to be an essential public function in this regard. More broadly CQC recognised that statutory organisations needed to involve and work with Voluntary, Community and Faith (VCF) organisations much more systematically and sustainably as their potential contribution to better lives for older people was in danger of being overlooked. Therefore sections 5 and 6 focus on *clearer governance arrangements to ensure stronger joint-working between organisations and greater involvement for our Voluntary, Community and Faith sector.*

2.8 While recognising a large amount of innovative NHS and social care work in Sheffield that was showing some good results, CQC noted that too much was operating on a restricted or "pilot" basis which was limiting its impact. There would only be fundamental change when arrangements were in place to ensure that what

worked well was “rolled out” to ensure consistency and the best possible outcomes for the highest number of people. This meant that funding organisations in Sheffield needed to come together to ensure money was used in the best possible way for the whole system. Joining up the money needed to be complemented by joining up technology. Sections 7 and 8 in the plan focus on a *meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability*

2.9 Finally the plan needed to address the issues set out in paragraph 1.4, stopping older people becoming stuck in hospital for longer than they needed to be and preventing a “revolving door” situation where some people who left hospital returned relatively quickly. Section 9 in the plan sets out a s*trong system focus on enabling the right support from the right person in the right place at the right time, to give the best possible experience for older people and to ensure the best use of resources.*

2.10 In order to address these important areas the plan is wide ranging and complex. It is absolutely essential that progress is made and maintained. The next section will suggest a role for Scrutiny in this regard.

3.0 Ensuring progress against the plan

3.1 The Care Quality Commission expect that Sheffield’s Health and Wellbeing Board, which meets in public on a regular basis, will hold the city’s services to account for working together and improving the health and wellbeing of older people. Therefore progress on the action plan will periodically be reported here. Part of the purpose of this report is to agree the frequency and focus of this reporting.

3.2 The Health and Wellbeing Board is responsible for health and wellbeing across the city, for people of all ages and from all backgrounds. Therefore it is important to focus responsibilities so that as much impact is achieved as possible within the time available to Board members.

3.3 Overview and Scrutiny also has an important statutory role. Like Sheffield’s Health and Wellbeing Board, the Overview and Scrutiny function was regarded by CQC as in need of some clearer focus to ensure that it also held organisations to account effectively in improving outcomes for older people.

3.4 This creates the potential for duplication and confusion between the roles of the two bodies, both of which are already under pressure from their accountability to Sheffield’s whole population, not only older people, and the need to ensure the best possible outcomes for everybody.

3.5 It has been proposed that the particular focus that Overview and Scrutiny take in holding Sheffield partners to account lies in improving the lived experience of older people. If a clear and undiluted focus on improving the experience of older people is not maintained it will be very easy for the change programme to miss the point. Therefore it has been proposed that the Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee receive a six monthly report that

sets out, drawing directly upon the experience of older people in Sheffield, progress that has been made to increase their satisfaction across the three areas set out by the Care Quality Commission:

i Maintaining the wellbeing of a person at home
ii Responding in a crisis
iii Helping people return home after a crisis

3.6 To complement this it is proposed that the Health and Wellbeing Board focuses on improvement areas that are most in line with its strategic purpose and priorities. These are:

i. Ensuring clearer governance arrangements to support partnership working
ii. Ensuring a meaningful shift to prevention at scale

3.7 Clarifying governance arrangements is a "task and finish" responsibility which is being delivered within this calendar year. These actions are intended to be complete by the next Health and Wellbeing Board meeting.

3.8 Ensuring a meaningful shift to prevention at scale requires ongoing monitoring of the outcomes experienced by older people, with the aim of maximising the opportunity to maintain the wellbeing of a person at home in order to minimise the need to respond in a crisis. It is proposed that analysis is shared with the Health and Wellbeing Board on a six monthly basis to set out progress in this area.

3.9 There are workstreams within the Accountable Care Partnership to address the other actions within the plan, for example the need to develop our shared workforce. These are absolutely key actions and if they are not completed effectively will inhibit both the experience that older people describe (reported at Overview and Scrutiny) and the system's ability to help them maintain health and wellbeing (proposed to be reported at Health and Wellbeing Board). However they are enabling actions and it is not proposed that they are routinely reported at the Health and Wellbeing Board unless on an exception basis.

4.0 What does this report mean for the people of Sheffield?

4.1 This report sets out partnership efforts to improve the care and support for older people in Sheffield. This will not only positively affect older people themselves but also their family members and communities

5.0 Equality of opportunity

5.1 The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:
a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.2 Although an Equality Impact Assessment (EIA) has not been undertaken for the production of the report, this duty has been taken into account during consideration of key change activities detailed in the report.

6.0 QUESTIONS FOR THE BOARD

The Health and Wellbeing Board is being asked to:
Review the information provided and agree recommendations about the future role of the Board to ensure that older people in Sheffield experience the best possible health and wellbeing.

7.0 RECOMMENDATIONS

7.1 Health and Wellbeing Board members are asked to review the information provided in the presentation and appended documents and provide comments about plans for improvement as well as arrangements (including the future role of the Board) in ensuring improvements are maintained.

7.2 The specific recommendation with regard to the future focus of the Health and Wellbeing Board is that it ensures governance arrangements are robust to drive the right outcomes for older people, and it evaluates progress every six months to ensure a meaningful shift to prevention at scale that means a greater number of people are able to maintain health and wellbeing for longer.