

Date: 4.4.16 Meeting: CCG Governing Body
Item No. 8.9
Public X Private

REPORT TITLE: Outcome of Care Quality Commission's Quality in Place Pilot
DECISIONS TO BE MADE:
To Note

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Continue to improve the quality of services	x	Improve patient experience	
Reduced unwarranted variations in services		Reduce the inequalities gap in North Lincolnshire	
Deliver the best outcomes for every patient	x	Statutory/Regulatory	

Executive Summary (Question, Options, Recommendations):

As part of the CQC's Business Plan for 2015/16 they published a document 'Shaping the Future'. This document outlines the CQC's commitment to testing the value of reporting the quality of care in a local place during 2015/16. Following the CQC announcement about these plans, they identified 3 local areas where they would undertake this pilot. North Lincolnshire was one of the areas identified and the CQC carried out their review during the week of 5th to 9th October 2015. The CQC used key lines of enquiry to inform what the quality of health and social care is like in North Lincolnshire.

The report was published on the 3rd February and can be found at [Quality of care in a place | Care Quality Commission](#)

The report was received by the Health and Wellbeing Board on the 22 March. The attached summary is drawn from that report

Recommendation

Governing Body are asked to note the outcome of the Care Quality Commission's (CQC) Quality in a Place pilot and the discussion at the Health and Wellbeing Board on the 22 March and support further discussions at Health and Wellbeing Board

Equality Impact	Y/N	N
Sustainability	Y/N	N
Risk	Y/N	N
Legal	Y/N	N
Finance	Y/N	N

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:	x				Clinical:	x			
Public:	x				Other:	x			

BACKGROUND INFORMATION

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. Their role is to make sure that health and social care services provide people with safe, effective, compassionate and high-quality care, and they encourage them to make improvements.

As part of the CQC's Business Plan for 2015/16 they published a document 'Shaping the Future'. This document outlined the CQC's commitment to testing the value of reporting the quality of care in a local place during 2015/16. Following the CQC announcement about these plans, they identified 3 local areas where they would undertake this pilot. North Lincolnshire was one of the areas identified and the CQC carried out their review during the week of 5th to 9th October 2015. The CQC used key lines of enquiry to inform what the quality of health and social care is like in North Lincolnshire.

The key lines of enquiry explored the following questions:

- What is the quality of care across providers in a place?
- What is the quality of care for populations across a place beyond what we know about providers?
- What is the quality of care across the health and social care system, beyond what we know about providers and populations?

The pilot looked at all NHS and local authority commissioned and provided health and care services in the area with a focus on two population groups:

- Older people: all older people aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, physical or mental.
- People needing mental health care (including people with dementia): This includes the spectrum of poor mental health, ranging from depression to severe and enduring mental illnesses, such as schizophrenia.

The prototype report was published on 3rd February 2016 and is the first output from this programme of work to help explore the role of CQC beyond provider based regulation. It aims to inform our understanding about how CQC might build a picture of what care is like for the people who use a range of different health and social care services in one area.

This prototype report sits within the wider work programme of the CQC Integration, Pathways and Place Board, through which they are seeking to understand what the role of CQC might be, beyond provider based regulation. Together with the quality of care in a place prototype reports, the intention is to understand the value of different frames for looking at quality beyond providers, in order to inform our future direction.

The other two pilot areas were Tameside and Salford. The CQC plans to publish these reports in May 2016.

CCG representative attended a 'Quality Summit' with Health and Wellbeing Board members where the CQC presented the findings from the pilot and the North Lincolnshire prototype report and to sought feedback from stakeholders as to the relevance and usefulness of their approach.

The following headlines from the report were highlighted:

PROVIDERS

The quality of providers in North Lincolnshire is broadly in line with the national picture across England.

- Data included in the report is from August 2015 and CQC had not yet inspected and rated the majority of providers in the area, under the new framework. At that point there were no providers in North Lincolnshire rated as outstanding or inadequate.
- By August 2015 CQC had inspected and rated 33 out of 77 adult social care providers in North Lincolnshire. The majority of these providers were rated good, which was potentially better than England overall – 73% of inspected providers were good compared with 60% for England.
- It is more difficult to draw conclusions about the quality of acute care as the main acute hospital provider was recently re-inspected. The outcome was not published at the time of the report being published.
- Six out of 20 GP practices in North Lincolnshire had been rated: five are good, and one requires improvement.

POPULATIONS

- There are some **indicators of good integration of care**, such as low levels of delayed discharge from hospital, which could imply effective step-down facilities that help people back into the community.
- North Lincolnshire also has an emergency admission rate that is lower than the England average and is in the lower quartile of clinical commissioning groups (CCGs) in the north of England. This again could indicate that effective primary care and social services are preventing avoidable admissions.
- Similarly, the NHS inpatient survey shows that staff taking account of people's "home or family situation" when planning their discharge is in line with the national picture, which means staff are typically thinking about the support people will have at home before they discharge them.

SYSTEMS – PARTNERSHIP/LEADERSHIP

- The **Better Care Fund Plan (BCFP)** has been a catalyst for improvement.
- There is a **shared vision** for health and care in North Lincolnshire. Partners appear to be working together to ensure services offer high-quality care to people living in the area.
- There is a **strong commitment to the idea that a reduction in demand** on services, achieved through proactive preventative care and supported self-care, will be integral to sustainability.
- Progress is supported by the implementation of the BCFP, which was agreed in early 2015, and the **Healthy Lives, Healthy Futures (HLHF)** programme.
- Much work is also being done to support a **prevention agenda**, which is supported by the development of five wellbeing hubs with access for all across the North Lincolnshire localities.

- There is also evidence **that partners engage with local people** (people using services, their carers and the public) on the future of local health and care to ensure they have a voice in shaping services.
- There are some good governance structures in place to support improvement in quality of care in North Lincolnshire, attended by commissioners, providers and other local stakeholders.
- There are examples where **care quality** is being driven throughout the system and having an impact on the performance of providers and achieving better outcomes for people.
- The evidence suggests that there are **effective arrangements for children's and adult safeguarding**, and partners recognise that this is a key element of driving care quality.

The report concludes in identifying area challenges and opportunities, including potential financial sustainability issues within the acute sector and workforce and capacity to recruit to some health roles.

NEXT STEPS

The Health and Wellbeing Board received the report at their meeting on the 22 March 2016 and noted;

The Health and Wellbeing Board development session provided an opportunity to provide initial thoughts about the usefulness of the report. There was a general agreement that the report provides a useful catalyst for partners to gain a shared understanding about what elements contribute to delivering good outcomes and high quality health and care services.

The discussions concluded that the Health and Wellbeing Board is well placed to shape, influence and challenge service provision for the benefit of North Lincolnshire residents and that the board could provide strategic oversight and system leadership in respect of quality of health and care in North Lincolnshire.

Healthwatch has an important role to play in ensuring capturing people's views are in respect of the quality of care and to complement this, the board could consider using its power to ask members to provide data and information in respect of case audits to understand service user/patient experience through their care journey.

They agreed to receive a quarterly update report in respect of inspection outcomes for health social care in North Lincolnshire and to invite the CQC to attend a future Health and Wellbeing Board development session to further share learning from the pilot.

CCG Governing body are asked to receive the report and support further discussions at Health and Wellbeing Board