

Care Quality Commission - Local System Review

Action Plan

1. Governance and Leadership

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
1.1	There needs to be stability in the leadership to build on recent improvements and collaborative ways of working.	<ul style="list-style-type: none"> Permanent appointments to: <ul style="list-style-type: none"> BCC CEO, BSoI CCG CEO & Executive, UHBFT CEO and Chair (post Merger), new CEO BCHCFT, LA DASS extended in post for 2 more years Retirement planned of UHB CEO. NHS Birmingham and Solihull CCG has appointed a substantive Chief Executive and Executive Team. STP Refresh 	<ul style="list-style-type: none"> Ageing Well Programme Governance BSoI Ageing and Later Life Board and strategy 	<p>Implement the agreed governance arrangements for the Ageing Well Programme:</p> <ul style="list-style-type: none"> i. BSoI Ageing Well and Later Life Portfolio Board ii. BSoI End of Life Workstream Board iii. Birmingham Older People's Partnership Group iv. Prevention Workstream Board v. Early Intervention Workstream Board vi. Ongoing Personalised Support Workstream Board vii. Agree ToR viii. Establish boards 	Birmingham Older People's Partnership Group (Graeme Betts and Karen Helliwell – co-chairs)	<p>End of June 2018 for all actions except ii)</p> <p>End of July18</p>
1.2	The relationship between the STP Board and Health and Wellbeing Board needs to be reviewed and strengthened to ensure there is agreement and clarity around roles and responsibilities.	<ul style="list-style-type: none"> Both HWBB and STPB have received the same reports. Chairs of both groups are members of other group. Revised TOR of HWBB. 	<ul style="list-style-type: none"> Reports presented to the HWBB about its role and the role of the STP can be found on the BCC website. Paper to STP Board clarifying roles on 14th May. 	<ul style="list-style-type: none"> i. Mutually agree Terms of Reference for HWBB and STP Board. ii. Establish regular reporting from STP Board to HWBB iii. Review workplan of HWBB and Overview and Scrutiny in the context of Ageing Well Programme 	<p>Rachel O'Connor for STP</p> <p>Wayne Harrison for HWB</p>	<p>i. July 2018</p> <p>Further deadlines TBC.</p>
1.3	System leaders should develop and drive forward a shared strategic vision for the future with a shared use of language,	<ul style="list-style-type: none"> HWBB & STPB approval STP Refresh. Older People's Strategy: Health and Social Care 	<ul style="list-style-type: none"> STP portfolios. Bsol Ageing & Later Life Portfolio Board has met. 	<ul style="list-style-type: none"> i. Development of BSoL Strategic Statement for Ageing Well and Later Life ii. Develop Birmingham Ageing Well Strategy – to incorporate the delivery framework and model. 	<p>BSoI Ageing Well Portfolio Board:</p> <p>Paul Jennings/ Graeme Betts</p>	<ul style="list-style-type: none"> i. August 2018 ii. April 2019

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	ensuring it incorporates all parts of the pathway and is a collaborative approach.	Integration Framework, Place based model for Older People, revised JSNA.	<ul style="list-style-type: none"> • Social care reorganisation. • Birmingham Older Peoples Group Board has been established chaired by Graeme Betts. • NHS Birmingham and Solihull CCG has a Directorate which is dedicated to the Integration agenda. • End of Life programme board will be established by the end of May 2018. 	<ul style="list-style-type: none"> iii. Produce a shared short, sharp strategic statement for staff across the system iv. System leaders to visit front line teams across health and social care to share details of the vision for the system in Birmingham going forward. 	<ul style="list-style-type: none"> i. Louise Collett ii. Pip Mayo iii. June Marshall iv. Dawn Baxendale/ Paul Jennings/ Richard Kirby/ Dame Julie Moore 	<ul style="list-style-type: none"> iii. August 2018 iv. Sept/Oct 2018

2. Prevention

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
2.1	A consistent approach to identifying high risk population groups and managing risks to people within the community should be developed across the city.	<ul style="list-style-type: none"> Recognised as a gap across the system. Risk stratification for frailty is already part of GP's General Medical Services contract Public Health have mapped areas of premature death. 	<p>A Predicting Demand work-stream has been set up within the Council. Initially this is modelling the population level demand for residential care. This will be based around primary care medical services risk stratification for frailty.</p> <p>Healthwatch have commenced work on risk stratification.</p>	<p>Develop a multi-agency, system-wide approach to risk stratification:</p> <ol style="list-style-type: none"> System wide session to be organised to include wider partners such as housing, fire, police, MH Review national best practice Agree scope, purpose and project plan – learning from best practice and current risk stratification tools Implement project plan 	<p>Ageing Well Prevention Workstream</p> <p>Graeme Betts – SRO</p> <p>Operational Leads: Wayne Harrison/ Dennis Wilkes/ Mike Walsh/ Simon Doble</p> <p>Clinical lead - Will Taylor</p>	<ol style="list-style-type: none"> Sept 18 Sept 18 Oct 18 From Nov 18
2.2	There needs to be a shared understanding of the prevention agenda, ensuring this is based on a robust Joint Strategic Needs Assessment and up to date public health analysis, which reflects the diversity of Birmingham's population. Publication of an annual public health report is a statutory obligation and the system needs to ensure this is fulfilled.	<ul style="list-style-type: none"> Placed based Public Health District Profiles produced and presented to Health & Wellbeing Board. Proposed approach to refreshing and improving the JSNA approved by DLT. Outline of Annual Public Report and timescale agreed. 	<ul style="list-style-type: none"> Public Health are working with the corporate web team to refresh the JSNA web site to improve accessibility. The Health & Wellbeing Operations Group (14 May) were tasked to: <ul style="list-style-type: none"> Identify individuals from the wider health & social care system to co-produce specific areas of the JSNA. Identify key documents from the wider health & social care system that should be included in the JSNA website. First draft of Annual Report for June 2018. 	<ol style="list-style-type: none"> Website restructured. Health & Wellbeing Operations Group to identify key individuals from the wider health & social care system to take joint editorial responsibility for specific sections of the JSNA to ensure relevant reports (such as the current work on predicting demand) are identified for inclusion and the content is kept up to date. Annual Report completed and published to website. 	<p>Ageing Well Prevention Workstream</p> <p>Graeme Betts – SRO</p> <p>Operational Lead: Wayne Harrison – Public Health</p>	<ol style="list-style-type: none"> June 18 August 18 August 18

3. Early Intervention

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
3.1	There needs to be a review of the eligibility criteria and assessment process for the Enhanced Assessment Beds to ensure they are being used appropriately to meet people's needs.	Agreed part of programme of Early Intervention workstream.	<ul style="list-style-type: none"> Effective use of short-term enablement is a key priority within the Early Intervention workstream and the Ageing Well programme. Will need to address mental as well as physical health. Diagnostic identified need for this work to redefine what intermediate care bed and home based services are required going forward. Recognised current over reliance on bed based provision that in the case of EAB are not delivering good outcomes for patients. 	<ul style="list-style-type: none"> i. Business case to BCC Cabinet for external support for the Early Intervention workstream and planning for locality based enablement pilot. ii. Locality pilot to commence iii. City wide projects to be identified. 	<p>Ageing Well Early Intervention Workstream</p> <p>Andrew McKirgan - SRO</p> <p>Operational Leads: Mark Lobban/Judith Davis</p>	<ul style="list-style-type: none"> i. June 2018 ii. Sept 2018 iii. October 2018
3.2	System leaders need to continue to address current performance issues and work together to implement the recommendations made following the jointly commissioned Recovery, Rehabilitation and Reablement review.	<ul style="list-style-type: none"> Governance established around Older People's Strategy linked STP Board. Progress also to feed into A&E Delivery Board (Urgent & Emergency Care Plan including the 8 High Impact changes). Consideration of RRR recommendations against new model early intervention with reworked delivery options. Approach agreed and procurement process for ongoing support initiated. Agreed principles of single team, person centred, no-wrong door, own bed is best. 	<ul style="list-style-type: none"> Action Plan produced Diagnostic of the system is robust and used as evidence to inform future thinking. Ageing Well governance in place with overarching strategic board joint chairs: Paul Jennings, Chief Executive, BSol and Prof. Graeme Betts, Interim Corporate Director of Adult Social Care and Health. This forms the basis of the Early Intervention workstream within the Ageing Well programme 	<ul style="list-style-type: none"> i. Business case to BCC Cabinet for external support for the Early Intervention Workstream ii. Establish Early Intervention Workstream Board iii. Delivery of place-based pilot to design an integrated pathway for intermediate services with a one-team approach. To include the following components: <ul style="list-style-type: none"> a. MDT with 7 day working b. Quick response in a crisis c. Home and bed-based enablement – with a focus on getting people home 	<p>Ageing Well Early Intervention Workstream</p> <p>Andrew McKirgan (SRO)</p> <p>Operational Leads: Mark Lobban/Judith Davis</p>	<ul style="list-style-type: none"> i. June 2018 ii. June 2018 iii. Sept 2018 – March 2019

4. Ongoing Personalised Support

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
4.1	The personalisation agenda should be developed with more people supported to access personal budgets and direct payments.	<ul style="list-style-type: none"> Local Authority Direct Payments narrowly missed end of year target of 25% of eligible clients LA set Direct payment target of 30% of eligible clients by 31/3/19 	<ul style="list-style-type: none"> Personalisation is linked to market shaping, individual budgets and direct payments. Work commencing on fast-track CHC personal budgets for end of life. Implementation of 3 conversations social work model is a driver of personalisation Work is underway between BSMHT, BCHC and BCC to develop locality arrangements 	<ol style="list-style-type: none"> The system needs to develop a robust and shared vision of personalisation to underpin transformation (wider than personal budgets/direct payments) as part of Ageing Well Strategy formulation. Undertake analysis of reasons why citizens have declined the offer of direct payments Develop personalisation offer for Health and Social Care in the context of locality working. 	<p>Ageing Well Ongoing Personalised Support Workstream</p> <p>Richard Kirby - SRO</p> <p>Operational leads:</p> <ol style="list-style-type: none"> Pip Mayo Pauline Mugridge Richard Kirby 	<ol style="list-style-type: none"> End August 2018 End July 2018 End Dec 2018
4.2	The local authority needs to ensure it continues to fulfil its statutory obligation under the Care Act 2014 and provide assurance there is capacity of good quality services within the social care market.	<ul style="list-style-type: none"> New care sector framework established on 1/5/18 – focus on quality not price. 	<ul style="list-style-type: none"> Joint care home working group established and chaired by Director of Commissioning. Commissioning Strategy in place. New contracts went live on 30th April 2018 for supported living, residential and nursing providers including new quality arrangements. 	<ol style="list-style-type: none"> Mobilise new contracts including commencing annual monitoring visits and using quality to prioritise providers used by BCC. Commence decommissioning of inadequate providers and ensure support provided to effected service users. DMT due to discuss/agree proposals June 2018. Retender for home support providers. 	<p>Ageing Well Ongoing Personalised Support Workstream</p> <p>Richard Kirby - SRO</p> <p>Operational Lead - Alison Malik</p>	<ol style="list-style-type: none"> End July 2018 Commence with service user dialogue September 2018. Launch tender July 2018.

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4.3	There needs to be more proactive scrutiny and contract monitoring to prevent further performance issues, such as those identified in relation to continuing healthcare.	<ul style="list-style-type: none"> Restructure of CCG post merger – contracting function has increased capacity. Work ongoing system-wide through cross-system group to make operational improvements, and address issues as they arise. Additional support commissioned to provide fast track brokerage to enable faster discharge. Improved contract management and daily tracking calls implemented with CSU. Above actions have resulted in 50% reduction in DTOC days to support the system trajectory. BSol has terminated current CHC contract and established weekly mobilisation meeting with new & old provider. On target for new service to be in place 01.06.18. 	<ul style="list-style-type: none"> CCG has put in place a programme board to strengthen governance across the whole of CHC (adults, children, learning disability, functional mental health, and personal health budgets) and manage CHC changes and developments more strategically to ensure they are joined-up and coordinated. BSol is currently reviewing Continuing Health Care (CHC) in light of the newly published framework and in accordance with its statutory obligation. 	<ul style="list-style-type: none"> i. All system workshop on 25 May to agree a refreshed and improved CHC pathway and processes. ii. CCG in contractual discussions for both short and mid-term fixes and to consider longer term commissioning solutions. iii. CCG Project to commence early July to scope an End to End service for CHC. 	<p>Ageing Well Ongoing Personalised Support Workstream</p> <p>Richard Kirby - SRO</p> <p>Operational lead: Carmel O'Brien</p>	<ul style="list-style-type: none"> i. Process mapping event complete ii. New CSU provider to take over contract on 1st June iii. End April 2019

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4.4	The system needs to consider how the current online micro-tendering procurement system for social care support impacts on peoples' choice, dignity and person-centred care.	New framework in place from 1 st May 2018.	<ul style="list-style-type: none"> Commissioning strategy will address this. New IT solution procured and working on implementation including improved 'matching' of service users to providers and mechanisms to provider choice. Health partners have been fully briefed on the changes and identified areas of opportunity. 	i. Continue development of new IT solution for implementation 1 Oct 2018.	Ageing Well Ongoing Personalised Support Workstream Richard Kirby - SRO Operational Lead: Alison Malik	October 2018

5. Locality working

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
5.1	The health and social care landscape needs to be rationalised with clear points of access. However, the system needs to ensure there is a comprehensive evaluation of current services and ways of working throughout the city before wholesale changes are made which could demotivate staff and destabilise good practice.	<ul style="list-style-type: none"> Rationalised points of access form part of new place based model. Current services mapped to new vision. Decision to be made about required new evaluation based on what already undertaken i.e. BCHCFT already has considerable levels of evaluation of its services. Commissioning Strategy launch. Birmingham.connecttosupport.org launched. Locality model launched for adult social care. "Innovation Sites" launched to trail blaze new model of social work. 1st April 2018 NHS BsoL CCG became a newly formed organisation after the merger of three CCG's. Locality structures established and all Clinical Leads (GP) appointed. Safeguarding Adults Board: Developed Partnership Board: 160+ orgs collectively working – shared experience + vision + making a difference. 	<ul style="list-style-type: none"> Theme in the strategy for health and social care. Map services to the vision. Bsol has a clear trajectory to improve GP access by October 2018. Existing Place-based group to form nucleus of Prevention workstream delivery 	<p>Design and implement models of locality working across the life-course:</p> <ol style="list-style-type: none"> Identify a small number of neighbourhoods/localities to act as accelerator exemplars Agree locality governance model across the life-course including establishing the appropriate geographical level for different offers; Establish neighbourhood/locality exemplar shadow boards Map and evaluate the offer to citizens within exemplar areas Exemplars develop proposals for locality working in their area Exemplars undertake comprehensive needs analysis across the life course to establish local priorities Mobilize locality exemplars. 	Ageing Well Prevention Workstream Graeme Betts – SRO	<ol style="list-style-type: none"> July 2018 September 2018 October 2018 December 2018 April 2019 April 2019 2019/20

6 a) Enablers – Communications and Engagement

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.1	Public engagement in shaping the future of the health and social care system in Birmingham needs to be strengthened with a systematic and joined up approach to involving people to ensure that Birmingham's diverse communities are engaged in the planning and delivery of services.	Co-production is a jointly agreed principle for how we will take forward implementation of joint health and social care framework for older people.	<ul style="list-style-type: none"> Birmingham Older People's Partnership Group have agreed framework Ageing Well strategy workshop 24th May will inform future approach to co-production The CCG is currently reviewing its communications and engagement strategy. This includes improved links with engagement, patient experience and complaints data, to better identify themes and effectively act on patient feedback to improve services. BSoL STP is being re-branded as the Live Healthy, Live Happy Partnership (LHLHP). The LHLHP has established a comms group comprised of comms leads from all partner organisations. The comms group is engaged in agreeing consistent key messages for external and internal audiences on the refreshed STP plan, of which the CQC System Review and the Older People's Framework fits under priority 3, Ageing and Later Life. The group will also agree campaigns on an ongoing basis that reflect the collegiate identity of the LHLHP. 	<ul style="list-style-type: none"> i. Further development of Comms and Engagement Framework linked to STP to underpin all STP programmes ii. Re-commissioning of Healthwatch – review scope of contract and opportunity to embed system-wide feedback iii. Co-production of the Ageing Well Strategy for Birmingham iv. Establish Birmingham Ageing Well Communications and Engagement workstream v. Develop Birmingham Ageing Well Communications Strategy & Action Plan 	<p>Live Healthy, Live Happy STP Comms workstream - Fiona Alexander (SRO)</p> <ul style="list-style-type: none"> i. Fiona Alexander ii. Pip Mayo iii. Pip Mayo iv. June Marshall v. June Marshall 	<ul style="list-style-type: none"> i. End August 2018 ii. Approach to be agreed by July 2018 iii. April 2019 iv. End July 2018 v. End July 2018

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6.2	Strategic planning should be co-produced with all stakeholders, including independent care providers and voluntary sector organisations, to ensure the diversity of Birmingham's population is reflected.	<ul style="list-style-type: none"> Governance framework agreed and delivery groups established for Older Person's Strategy. Basis of place based infrastructure and discussions. 	<ul style="list-style-type: none"> Birmingham Older People's Partnership Group have agreed framework. Reference groups for voluntary sector and independent sector form part of framework. Ageing Well Strategy event on 24th May. A stakeholder mapping exercise is in progress for the refreshed STP plan and the public engagement events around this provide an opportunity to assess current engagement channels. 	<ul style="list-style-type: none"> i. Audit of current engagement activity ii. Map Ageing Well Stakeholders and agree engagement methods iii. Establish independent sector and voluntary sector reference arrangements. 	Ageing Well Communications and Engagement Workstream – June Marshall	<ul style="list-style-type: none"> i. End July 2018 ii. End July 2018 iii. End Sept 2018

6 b) Enablers – IT

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.3	Improving the capacity for information sharing across the health and social care interface should be prioritised, as this is currently a key barrier to integrated working.	<ul style="list-style-type: none"> Bid submitted for £7.5m for Local Health and Care Record Exemplar (LHCRE). Agreement to progress through West Midlands Combined Authority. 	<ul style="list-style-type: none"> STP digital roadmap. Clinical leads through CCG and UHB Medical Director. Awaiting outcome of LHCRE bid STPs likely to continue LHCRE work if bid is unsuccessful, but at a slower pace. 	<ul style="list-style-type: none"> i. Create an STP information sharing protocol ii. Review all STP Enabler action plans iii. Progress work on single health and care record (Phase 1 under way and will be delivering all GP records from the region into acute and urgent care settings by Sep 2018. Phase 2 requirements being quantified in line provisionally with the Dec 2018 information sharing protocol). iv. Design and implement a system-wide single patient consent model for sharing data (pending agreement from the STP/region for a patient based consent model, and clarification of national policy with regards to consent and national infrastructure) v. Enable citizens to have access to their own data to support self-management and to remain well. 	<p>STP Digital Roadmap Board</p> <p>Operational Lead: Ciaron Hoye</p>	<ul style="list-style-type: none"> i. Dec 2018 ii. Dec 2018 iii. June 2020 iv. Dec 2019 v. Dec 2019

6 c) Enablers – Workforce

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.4	Organisational development work needs to be undertaken to break down organisational barriers, strengthen relationships, improve communication and ensure there is a shared understanding among staff of their role in achieving the strategic vision at an operational level.	<ul style="list-style-type: none"> Rationalisation of organisations – merger of UHB and HEFT and also CCGs. Comms and Engagement framework linked to Older People's Strategy agreed. 	<ul style="list-style-type: none"> CCG redesign of posts to support partnership working. BCC and CCG Commissioning reorganisation in localities. Social care reorganisation into localities. New appointments: Paul Jennings, Richard Kirby and Dawn Baxendale. NHS Birmingham and Solihull CCG with NHS Sandwell and West Birmingham CCG have established a joint committee for West Birmingham to take forward strategic issues related to older adults. 	<p>Develop a shared OD programme across the system to develop a collaborative culture and set of values and behaviours with a common purpose. To include:</p> <ol style="list-style-type: none"> Building and sharing stories and success. Single team approach. 	<p>BSol Ageing Well Portfolio Board:</p> <p>Paul Jennings/ Graeme Betts</p>	<p>Approach to be agreed by September 2018</p> <p>Implementation from September 2018 through until November 2019</p>
6.5	System leaders should develop a coherent workforce strategy for Birmingham.	5 year strategy has been developed but not well communicated or embedded.	<ul style="list-style-type: none"> Strategy development. Presentation to LWAB June 2018. Agree leadership responsibility for this enabler. 	<ol style="list-style-type: none"> Translate 5 year strategy into year by year action plans – produce Year 1 plan for city-level workforce requirements Undertake comprehensive workforce analysis of current/future needs in context of locality working Develop Birmingham workforce/careforce strategy in context of locality working 	<p>STP Local Workforce Action Board</p> <p>John Short (SRO)</p>	<ol style="list-style-type: none"> Sept 2018 & iii) TBC