

**Report to:**

**STRATEGIC COMMISSIONING BOARD**

**Date:**

26 June 2019

**Executive Member /  
Officer of Strategic  
Commissioning Board**

Dr Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG

Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)

Gill Gibson, Director of Quality and Safeguarding

**Subject:**

**BIMONTHLY QUALITY ASSURANCE REPORT**

**Report Summary:**

The purpose of the report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.

**Recommendations:**

The Strategic Commissioning Board is asked to note the content of the report.

**Financial Implications:  
(Authorised by the statutory  
Section 151 Officer & Chief  
Finance Officer)**

<b>ICF Budget</b>	<b>S 75 £'000</b>	<b>Aligned £'000</b>	<b>In Collab £'000</b>	<b>Total £'000</b>
<b>CCG</b>				
<b>Total</b>				<b>£577m Net Resource</b>

<b>Section 75 - £'000 Strategic Commissioning Board</b>	<b>£267million Net Resource</b>
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**Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison**

There is no direct financial implications within the content of this report but the Strategic Commission have an integrated commissioning fund with a net value of £577m of which £267m is within the Section 75 pooled budget. Quality is an important factor in determining value for money services, mitigating risk and providing assurance that our residents are receiving the best outcomes from investment. The content of this report highlights the controls and monitoring systems currently in place to maintain high quality services and instigate remedial action as required. This is particularly crucial in high risk areas such as continuing healthcare and children’s services. Furthermore, this level of rigour and control facilitates the potential for additional income from the CCG Quality Premium.

**Legal Implications:  
(Authorised by the Borough  
Solicitor)**

As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to

account, understanding where best to focus resources and oversight. A framework needs to be developed to achieve this. It must include complaints and other indicators of quality.

**How do proposals align with Health & Wellbeing Strategy?**

Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.

**How do proposals align with Locality Plan?**

Quality assurance is part of the locality plan.

**How do proposals align with the Commissioning Strategy?**

The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.

**Recommendations / views of the Health and Care Advisory Group:**

This section is not applicable as the report is not received by the Health and Care Advisory Group.

**Public and Patient Implications:**

The services are responsive and person-centred. Services respond to people's needs and choices and enable them to be equal partners in their care.

**Quality Implications:**

The purpose of the report is to provide the SCB with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned and promote joint working.

**How do the proposals help to reduce health inequalities?**

As above.

**What are the Equality and Diversity implications?**

None currently.

**What are the safeguarding implications?**

Safeguarding is part of the report.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**


There are no information governance implications. The reported data is in a public domain. No privacy impact assessment has been conducted.


**Risk Management:**

No current risks identified.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Lynn Jackson, Quality Lead Manager, by:

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## 1. PURPOSE

- 1.1 The purpose of this report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services they commission; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.

## 2. REDUCING HEALTH INEQUALITIES FOR PEOPLE WITH LEARNING DISABILITIES:

- 2.1 People with a learning disability have a right to good health, yet they still face many health inequalities, often resulting in worse health than the general population.

- 2.2 Sadly, people with a learning disability can have poorer physical and mental health than other people and studies have shown that they can die on average 20 years younger than the rest of the population. People with a learning disability are three times more likely to die from causes of death that could have been avoided with good quality healthcare. Many of these deaths are avoidable and not inevitable.

- 2.3 Our vision is for a future where health inequalities faced by people with learning disabilities is eliminated. These individuals will have access to the same quality of physical and mental healthcare as everybody else.

- 2.4 There are a number of initiatives taking place across the locality, which collectively aim to reduce health inequalities for this population:

### **Learning Disability Mortality Review (LeDer)**

- 2.5 Emerging Learning themes from reviews to date include Annual Health Check Uptake, Quality of Health Action plans, Mental Capacity, DNACPR. Good Practice themes identified include; Reasonable Adjustments and the use of the Hospital Passport.

- 2.6 Local learning from reviews and best practice is shared directly with relevant Providers, GPs, or commissioners for appropriate real time action. Learning and best practice is also shared via the ICFT Mortality Steering Group and Mortality News Letter.

- 2.7 Completed reviews are returned to Bristol via the National Platform for identification of national and regional themes and trends; this is then fed back to regional networks for strategic direction and action.

- 2.8 At the May GM Quality Board MFT shared their learning from a young man with Down's Syndrome who sadly passed away in their care. Learning related to the lack of a co-ordinated plan in relation to the gentleman's nutritional needs versus his needs in relation to traction due to his fractures. All CCGs have been asked to ensure the learning from this case is embedded into local practice; assurance will be sought via the ICFT quality meeting.

### **Learning Disability Standards**

- 2.9 NHSI have developed new standards to help NHS trusts measure the quality of care they provide to people with learning disabilities, autism or both.

- 2.10 The standards have been developed with a number of outcomes created by people and families — which clearly state what they expect from the NHS. It places patient and carer experience as the primary objective, as well as recognising the importance of how the NHS listens, learns and responds in order to improve care.

- 2.11 There are four standards, which include:

- respecting and protecting rights
- inclusion and engagement

- workforce
- learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both)

2.12 All Trusts have provided assurance in relation to their current practice against the standards and actions to meet any identified areas for improvement. Progress will be monitored via local quality meetings.

<https://improvement.nhs.uk/resources/learning-disability-improvement-standards-nhs-trusts/>

### **Annual Health Checks**

2.13 Clinical evidence shows that Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and promote health

2.14 A whole health and care stakeholder group has been working collaboratively to increase the number of people on GP Learning Disability Registers, from age 14 years, who receive an Annual Health Check.

2.15 As part of this work the group delivered a GM 100 day challenge commitment to create a resource packs for all practices containing practical resources that Primary Care services can use to support them to deliver good quality checks and health action plans. These packs were provided in December 2018 and included:

- Step by step guide to implementation annual health checks and action plans
- Royal College of GPs approved tool kit and resources
- Syndrome specific supporting resources
- Hospital passport
- Communication / easy read resources
- Information on reasonable adjustments
- Information on the adult Learning Disability Health Service.
- Transition information from children to adults.

2.15 There is a GP Liaison Nurse whose sole role is to support Practices with advice and training about general learning disability issues, the LD register and Practice learning disability Champions; contact details are provided within the pack. The group has completed a survey with practices to help understand barriers to practices completing health checks and variance across the locality. Themes from the survey will be used to inform future areas of development including neighbourhood engagement in June and July.

### **Hospital passports**

2.16 The information in the passport will help all staff make reasonable adjustments to support safe and effective care for people with a learning disability while also improving the patient experience. All Learning Disability Community Team case holders now implement hospital passports for all patients and ensure all documentation is up to date. The number of hospital passports uploaded to the patient record system continues to increase with the Community Learning Disability team ensuring all their caseload have up-to-date hospital passports.

### **Learning Disabilities Health Event**

2.17 A Denton Learning Disabilities Health Event run by the Commissioning Team in conjunction with People First Tameside was held on Friday 26 April, at the New Chapel Unitarian Church, Denton. Dr Asad Ali, who joined the CCG Governing Body last month, introduced the event outlining the importance of healthy lifestyles and attending LD Health Check and other screening appointments. He promoted healthy lifestyles as a method of reducing the risk of pre-diabetes. A number of stallholders attended from Be Well Tameside, Active Tameside, Stroke Association, Manchester Fire & Rescue, Community Learning Disability Nurses and Shared Lives and the service users were able get advice/information or to sign

up to services available at the event. Over 50 service users attended the event and it is hoped to replicate this in other neighbourhoods.

### **3. STOMP (Stopping Over-medication of People with a Learning Disability (LD), Autism or Both).**

- 3.1 Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for. Children and young people are also prescribed them.
- 3.2 STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project that aims to stop the overuse of psychotropic medication in people with learning disabilities (LD), autism or both, which identified a high level of inappropriate use of these powerful medicines in people with Learning Disability, typically for challenging behaviour. The scope of the STOMP project includes antipsychotics, antidepressants, antiepileptics, benzodiazepines, mood stabilisers and CNS stimulants.
- 3.3 STOMP is about helping people to stay well and have a good quality of life and increasing safety in prescribing and fits well with the NHS England Medicine Strategy, Mental Health agenda, NICE guidance and proposed NHS Long Term Plan.
- 3.4 The ambition is to ensure a thorough medication review for all patients that are on the learning disability register in GP Practices and prescribed antipsychotic medication.
- 3.5 The impact on patient outcomes is a better quality of life and reduced side effects from inappropriate medication.
- 3.6 A local pilot STOMP review scheme is planned to take place in selected practices across the locality, delivered via the local Mental Health Trust Learning Disability pharmacist. The intention is that the outcomes of the pilot are used to develop a business case to fund STOMP across the locality.

### **4. QUALITY IN A PLACE: A CQC and Tameside and Glossop Co production pilot.**



Tameside and Glossop are working in partnership with the CQC to take part in a co-production project; Quality in a Place.

The project is a collaborative project which aims to explore quality within the context of our developing Local Care Organisation and place based approach in Tameside and Glossop.

The project will have three key priorities; the outputs of which will inform the CQC's current approach and any redesign of future regulatory activities.

## Coproduction in Tameside – 3 Priorities



PRIORITY	APPROACH	OUTPUT
<b>Priority 1</b> Developing a detailed understanding of the LCO approach in Tameside (to understand the changes planned within the system, ambition and stage of development)	Sharing documents Face to face meetings Semi-structured discussions Case examples	Case study  Briefing pack resource for inspectors
<b>Priority 2</b> To look at CQC key lines of enquiry and their applicability in Local Care Organisations	Facilitated workshops (2) Testing the current key lines of enquiry with Tameside context – do these need to be adapted?; Written analysis Case examples	Report and recommendations for regulatory approaches in the 30-50,000 populations, applicability to the emerging ICS landscape
<b>Priority 3</b> Developing understanding of data and measures of quality relevant to Local Care Organisations, to explore the type of data and measures held by both organisations to understand the quality measures relevant to LCOs	Sharing data  Workshop followed by conversations between our respective analyst teams.	Report and recommendations on measures and data analytics approaches relevant to the 30-50,000 units of ICSs

The first face to face workshop took place on the 30<sup>th</sup> May 2019 with representation from CQC, Strategic Commission, ICFT, Healthwatch and PCFT. The workshop explored existing Key Lines of Enquiry (KLOEs) and how these could be adapted to seek assurance about the strength and effectiveness partnership arrangements across the system. The next workshop will be held in July 2019.

## 4. RECOGNISING GOOD PRACTICE

### 4.1 HSJ Value Awards 2019



4.2 The award ceremony took place on Thursday 23 May at Manchester Central; Tameside and Glossop were winners in the Emergency, Urgent and Trauma Care Efficiency Initiative of the Year category for its Digital Health services.

- 4.3 Finalists for the **Greater Manchester Health and Care Champions Awards 2019** have recently been announced and nominees from Tameside and Glossop have been shortlisted. These include:
- Our modern apprentice in the Carers Service who has been shortlisted for Apprentice of the Year.
  - Our pioneering and collaborative work in health and care integration to improve the health and wellbeing of local people has also been recognised with Chief Executive of Tameside and Glossop Integrated Care NHS Foundation Trust, Karen James and Steven Pleasant CEO, TMBC and Accountable Officer of Tameside and Glossop CCG, jointly shortlisted for the Leader Across Boundaries Award. This is a really positive reflection of all our work in the strategic commission and that of our partners at the hospital.
- 4.4 The awards will be presented on 4 July 2019.

## **5. QUALITY MONITORING FOR INDIVIDUALS PLACED OUT OF AREA**

- 5.1 Some of our most complex and vulnerable patients are supported in out of area individualised commissioning placements. Where an individual's care is being managed out of area the commissioning authority may not have access to wider intelligence and information of the quality of the provider that are gained through local monitoring processes. It is therefore vital there is a system in place for liaison with the local commissioner of the placement, both prior and during that placement.
- 5.2 A local policy was developed in 2018 to support the quality assurance process for individualised commissioning placements in Tameside and Glossop<sup>1</sup>This policy is informed by the National Protocol for Notification of NHS Out of Area Placements for Individual Packages of Care (including Continuing Healthcare) 2012.

### **Purpose**

- 5.3 The key purpose of this policy is to support assurance of quality where individuals are placed in out of area providers. The National Protocol outlines the responsibility of the Lead Commissioner (CCG) for a provider within its geographical area, and the responsibility of the placing commissioner. It acknowledges the placing commissioner may not have access to the wider intelligence in relation to a provider outside their local area and provides a protocol to ensure that the individual being placed is receiving a good quality service.
- 5.4 The purpose of this policy is to provide clear governance regarding the processes and steps required to assure quality of out of area placements for Tameside and Glossop.

### **Process**

- 5.5 Prior to placing an individual in an Out of Area placement a Quality check is completed and sent to both the Quality Team and Contracts Team. Additionally a notification letter is sent to the Host Authority alerting them to the placement of our patient in their area. As an ongoing check, a database is maintained and regular (minimum 6 monthly) CQC checks are completed as well as the Regular patient reviews (minimum annually).
- 5.6 The Policy has been embedded within the Individualised Commissioning Team. Regular Audits are taking place to ensure that placements are being quality checked as required, as well as ongoing CQC checks. Next steps are to extend the policy for TMBC funded clients.

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<sup>1</sup> For Out of Area this is split by in Greater Manchester; and Out of Greater Manchester

## **6. CHANGES TO NHS IMPROVEMENT CLOSTRIDIUM DIFFICILE OBJECTIVES 2019/20**

6.1 NHS Improvement produce annual Clostridium Difficile objectives for each CCG locality. Cases are assigned as either acute or community acquired; determined by the date and time the sample was taken i.e. a patient specimen taken after the fourth day after admission will be apportioned to the acute Trust. All other cases are therefore apportioned to the community setting.

6.2 For 2019/20 there are changes to the reporting process which are to:

- add a prior healthcare exposure element for community onset cases
- reduce the number of days to apportion hospital-onset healthcare associated cases from three or more (day 4 onwards) to two or more (day 3 onwards) days following admission.

### **What does this mean for us as a locality?**

6.3 As a locality this will not affect our overall performance against NHSI objectives; this is because the CCG objective is a combined figure for acute and community assigned cases.

6.4 The change in assignment means there will be a shift in a number of cases that were previously community assigned that will now be assigned as acute. This is because trust assigned cases will now include those with recent (last four weeks) hospitalisation.

6.5 SCB need to be aware of these changes should an increase in acute assigned cases be reported via performance reports.

6.6 The quality team will continue to seek assurance about the quality of HCAI prevention practice across the economy; this will include the number of preventable cases and the implementation of learning from RCAs.

### **Reference:**

6.7 Link to Clostridium Difficile Infection Objectives for NHS organisations in 2019/20 [https://improvement.nhs.uk/documents/808/CDI\\_objectives\\_for\\_NHS\\_organisations\\_in\\_2019\\_12March.pdf](https://improvement.nhs.uk/documents/808/CDI_objectives_for_NHS_organisations_in_2019_12March.pdf)

## **7. PRIMARY CARE UPDATE: Care Home Medication Ordering Best Practice Guidance for General Practice**

7.1 It is common practice for care homes to contract out the monthly collection of prescriptions to their pharmacy. Within this arrangement the prescription order goes to the pharmacy three weeks before the care home requires them. The pharmacy then sends the prescription to the appropriate practice. The medication is then returned to the pharmacy, who sends it on to the care home.

7.2 The pharmacy issue any query to the care home, which highlights missing drugs or drugs the pharmacy anticipates should be prescribed. Care home staff then use the remainder of the month chasing up the medication so that it is available when the previous month's medication has been used.

7.3 In February 2019 because of the snow and delivery driver issues at the pharmacy, a care home had 14 patients who did not receive their medication on time. CQC was inspecting the home at the time and safeguarding issues were raised for all 14 residents. No patient came to harm because of this delay in medication.

7.4 Events at the care home brought this system issue to the fore; there was opportunity to learn where the gaps are between the care home, the pharmacy and the GP practice were and make improvements to the system. A care home medication ordering workshop was



held; this was a joint workshop hosted by medicines management, safeguarding and the primary care team.

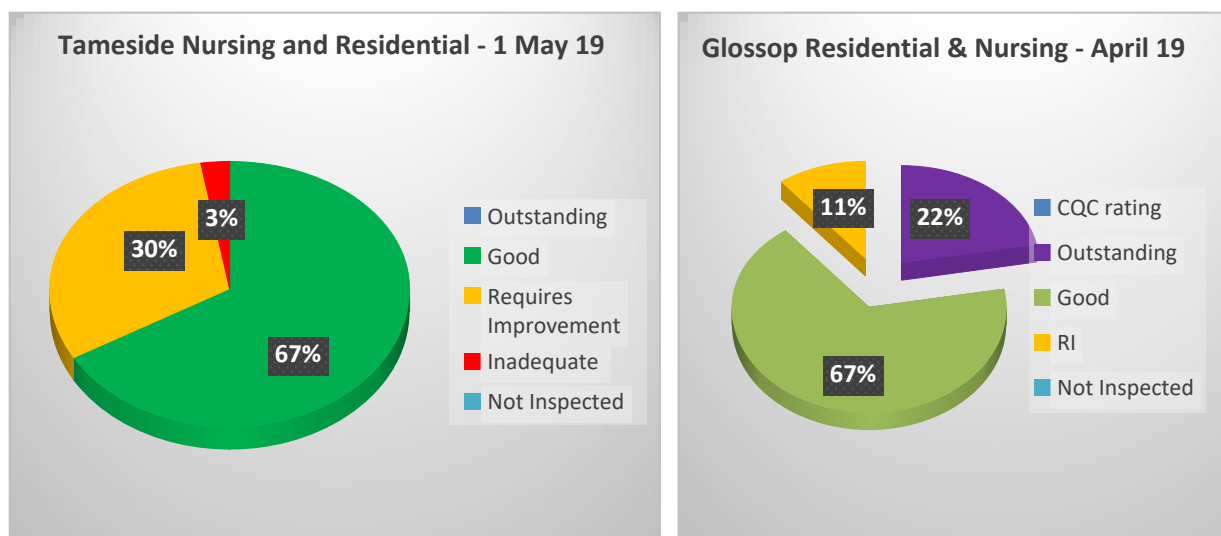
- 7.5 As part of this process a workshop took place to understand and improve the process at the practice end of the system; with representatives from the care home, Boots Pharmacy, HT Practice, Town Hall Surgery and Dukinfield Medical Centre. The process for ordering medication was mapped through for the 14 patients affected.
- 7.6 This mapping highlighted learning and opportunities to improve the system from a primary care perspective and a best practice guidance has now been drafted, which will be first shared with practice managers. It will then be shared with practice administration staff at an administration TARGET on 18 July 2019.
- 7.7 The Primary Care Quality Development Manager will attend the Care Home Managers forum to share the learning across the locality.

## 8. CARE AND NURSING HOMES UPDATE

- 8.1 A significant increase in CQC performance has been seen across the locality; this improvement correlates with increased support and focus from the Strategic Commissioning; particularly the Contract Performance and Quality Improvement Teams. Ongoing work is required to continue to improve the quality of care for residents, as well as maintaining the good work completed.

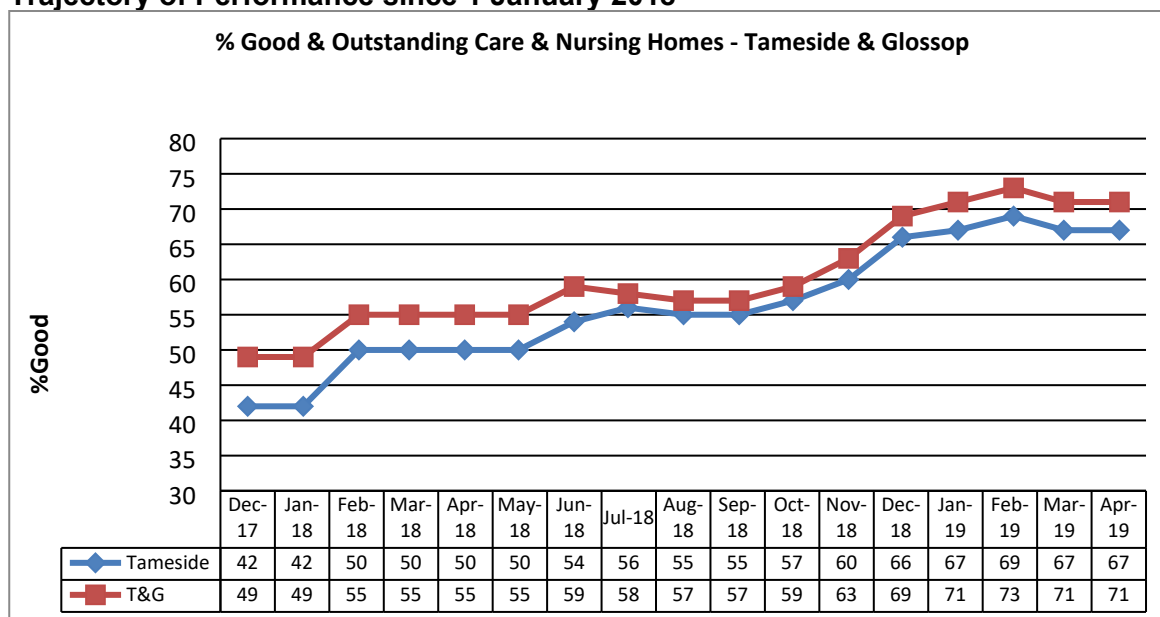
### CQC Performance

- 8.2 The CQC Position for Tameside and Glossop is provided below:



- 8.3 The Vicarage is the only provider rated “Inadequate” in Tameside and Glossop; re inspection, with a new inspection team, is due imminently. Significant support continues to be provided by the Quality Improvement Team.
- 8.4 There are now two “outstanding” homes within the locality: The Risings and Willowbank.

## Trajectory of Performance since 1 January 2018



- 8.5 A significant improvement has been seen in CQC performance across the sector since January 18 but ongoing work is required to maintain and continue to improve the quality of care residents are receiving.
- 8.6 Additionally, as part of the Transformation Investment Agreement, Greater Manchester Combined Authority (GMCA) have requested the locality develop a trajectory for the following:
- The proportion of Residential Care Home Beds given a CQC rating of 'outstanding' or 'good'
  - The proportion of Nursing Home Beds given a CQC rating of 'outstanding' or 'good'
- 8.7 The technical definition provided by GMCA includes all providers registered with CQC as residential or nursing within the locality. This therefore includes homes T&G do not commission as well as non-operational homes/beds. Although, there is some variation in performance due to differing monitoring parameters a broad target has been agreed for both indicators: 75% for April 2020; and 80% for April 2021.

### **Contract Performance and Quality Assurance**

- 8.8 The Contract Performance Team now has an additional full-time CPO and administrative support. The revised Contract Performance and Quality Assurance documentation was reviewed in January 2019 and minor changes were made to the documentation. A baseline review of 2018 compliance levels across all questions within the Pre-Visit Questionnaire was also undertaken. The purpose of the review was to identify areas where homes were least compliant so focussed work could be completed during 2019/20

Theme	Action
Staff Training and Supervision	Quality Improvement Team complete piece of work around supervision, and around assessment of competency. The team have a toolkit, several supervision templates etc. It was agreed there is a need to define what we mean by supervision, and then hold a workshop with the care homes to launch it Development for the managers.  Bespoke support being provided to homes via QIT
DOLs, Consent, MCA	Care Home Managers Forum presentation to be held Webpage to be developed
Supporting residents with dementia more generally – staff training in 2019 – restrictive practice	Training provided by PCFT OPMH in 2018; ongoing training to be held “Community Involvement & Support people living with Dementia” session provided by Admiral Nurse and Public Health Lead at Care Home Managers Forum
Activities and connecting to the local community	As above Care Home Webpage to be linked to Activities page (development planned for June 19)
Meds is an ongoing issue. clear need for support – CQC and our own baseline	Medications Audits now in place; supportive tool developed with an “improvement” focus

### Care Home Quality Review Group

- 8.9 The Care Home Quality Review Group is continuing to meet monthly with representation from the Neighbourhood teams. Monthly data is reviewed alongside other intelligence including safeguarding, Digital Health, Healthwatch, and soft intelligence via the neighbourhood care home MDTs.

### Quality Improvement Team

- 8.10 The Team is now at full complement again following the recruitment of a new Social Worker who started in the team in April 19. The Team’s initial focus has been on the Residential and Nursing Home homes rated “inadequate/Requires Improvement” by the CQC, and an overall aim that with the support on offer from the team, all Homes will achieve good or outstanding ratings. The team currently work in partnership with providers in a supportive and non-judgemental way to identify areas for improvement.
- 8.11 The Team has continued to complete awareness sessions with staff including Care plans/DOLs applications, CQC - KLOE’s, very much going back to basics and ensuring that the Managers are fully aware of how to meet the Regulations and Compliance. Good relationships are being formed with other Social Care and Health professionals and also `pulling in ` local resources to assist the Team. The Team are working in partnership with ICFT, TMBC , Public Health, CQC, Contracts Performance (TMBC) , Neighbourhood teams, Be Well Team, Community Mental Health Team and other Community Organisations, in order to provide the latest guidance and opportunities to Homes to try and improve the quality of those residents who live there .
- 8.12 The team continues to provide bespoke support to a number of providers across the locality.

## CRISTAL Care Home Awards



- 8.13 On Monday 20 May, in partnership with Derbyshire County Council, we launched the first innovative care home awards - CRISTAL (Celebrating Remarkable Inspirational Stars, Teams And Leaders) aimed at those working in a care home setting in Tameside and Glossop.
- 8.14 These awards are to recognise and celebrate excellence in care within our care homes and will be a tribute to those who have demonstrated outstanding excellence in care.
- 8.15 Anyone who works in a care home setting in Tameside and Glossop (care workers, colleagues, managers, a carer) or any of the senior management team of the organisation that owns the care home. Also any provider or health or social care professional with links to the care home.
- 8.16 Nominations can be made on line - <https://www.surveymonkey.co.uk/r/CristalNominations> or nomination forms can be downloaded from the CCG care homes web page: <https://www.tamesideandglossopccg.org/local-services/residential-and-nursing-home-managers>.
- 8.17 The closing date for receipt of nominations is 20 June 2019 with the awards ceremony taking place on Thursday 17 October 2019 in Jubilee Hall, Dukinfield Town Hall.
- 8.18 Further enquiries regarding the CRISTAL Awards can be made to the CRISTAL Project Team at [tgccg.cristal@nhs.net](mailto:tgccg.cristal@nhs.net)

### **Healthcare Safety Investigation Branch (HSIB)**

- 8.19 The purpose of the HSIB is to improve safety through effective and independent investigations that don't apportion blame or liability; the HSIB has been operational since April 2017 and they make safety recommendations to regulators and professional bodies to implement systemic change at a national level.
- 8.20 This link is to existing HSIB reports for wider incidents and learning <https://www.hsib.org.uk/investigations-cases/>

### **HSIB Maternity Investigations**

- 8.21 HSIB maternity investigation programme is part of a national action plan to make maternity care safer. HSIB are currently undertaking approximately 1,000 independent maternity safety investigations to identify common themes and influence systemic change; HSIB will:
- Use a standardised approach to maternity investigations without attributing blame or liability.
  - Work with families to make sure they understand from their perspective what has happened when an incident has occurred.
  - Work with NHS staff and support local trust teams to improve maternity safety investigations.
  - Bring together the findings from 1,000 reports to identify themes and influence change across the national maternity healthcare system.
- 8.22 The HSIB expect to have their preliminary assessment of the first 300 cases completed by summer 2019 and will publish an annual review setting out key themes based on this

information. Safety recommendations will be made to regulators and professional bodies to implement systemic change at a national level. Assurance in relation to the implementation of recommendations will be discussed at local quality meetings with providers.