

DUDLEY HEALTH AND WELLBEING BOARD

26th September 2013

Joint Report of the Director of Public Health, Director of Adult, Community and Housing Services, Director of Children's Services, Director of the Urban Environment and the Chief Officer of the Dudley Clinical Commissioning Group

MECHANISMS FOR THE BOARD TO BE ASSURED OF QUALITY AND SAFETY

PURPOSE OF REPORT

1. For the Dudley Health and Wellbeing Board (H&WBB) to consider the new quality and safety assurance arrangements in the health and social care system and to agree the process for deciding how the board can be assured that these processes are in place and are robust.

BACKGROUND

2. The Francis enquiry has highlighted how crucial it is that any health and care system has a 'relentless focus' on patient quality and safety standards. The Health & Wellbeing Board, as a forum which brings together the key commissioners across Dudley, potentially has an important role in ensuring that local commissioning and providing maintains that focus on quality and safety.
3. The Health and Wellbeing Board does not have a statutory or legal role to regulate services, however, as system leader for the health and care system, it is suggested that the Board has 2 roles:
 - a. Strategic oversight- in terms of awareness and understanding of the quality and safety implications and actions required from local partners in the health and care system
 - b. Receiving assurance- that quality assurance frameworks and action plans are agreed and being implemented by relevant partners. It is not intended to replicate existing processes and governance arrangements but for the Board to be assured that these processes exist and are robust.
4. The Board therefore needs to be equipped to assure, scrutinise and challenge the quality and safety of service commissioning and delivery across the system. The Board also needs to be able to maximise any opportunities for collective positive impact for continuous improvement in quality, as well as identify actions individual board members might need to take individually or collectively to mitigate any risks.

5. Quality should be viewed as everyone's business and as the measure of how health and care services are treating and caring for patients and service users in their care. Where services fall below the quality bar, there are not only regulatory or financial consequences, but an impact on real people's lives, their health, both physically and psychologically, for themselves and their families. Across the system, everyone must take their responsibilities seriously to prevent serious failure and to put it right where it does occur.
6. The health and care delivery system is complex. Local health and care services in Dudley are commissioned through the Clinical Commissioning Group (CCG), the Local Authority and the NHS Commissioning Board (NHS CB). Services are commissioned from an enormous range of providers including NHS organisations, public sector, private, independent and third sector providers. The GP members of the CCG and the Local Authority are also providers of health and care services themselves. The providers also vary greatly in their size and the magnitude of the contracts on which they deliver.

THE NEW SYSTEM - QUALITY ASSURANCE

7. Structures in the NHS and social care sector have undergone considerable change as a result of the Health and Social Care Act 2012. Relationships and arrangements continue to evolve. This section gives an overview of the key bodies and their responsibilities in relation to quality and safety, as these will be important mechanisms that the H&WBB can draw on for assurance purposes.

Definition of Quality

8. There is an agreement on the definition of quality across the health and care sector, which has been enshrined in legislation through the Health and Social Care Act 2012. The definition sets out three dimensions that must be present in order to provide high quality service:
 - **Patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect, and to how far it meets their aspirations and required health outcome
 - **effectiveness** –quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes, including achieving their personalised outcomes and value for money
 - **Safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety (without taking away personal control)
9. Any system that strives for quality improvement must at the same time, ensure that essential standards of quality and safety are maintained.

Roles and Responsibilities

10. The high level roles and responsibilities generally fall into 4 categories:

- **Individual health and care professionals**, their ethos, behaviours and actions, are the first line of defence in maintaining quality
- The **leadership within provider organisations** is ultimately responsible for the quality of care being provided by that organisation
- **Commissioners** are responsible for commissioning services that meet the needs of their local populations. They must assure themselves of the quality of care that they have commissioned
- **Regulators** should perform their statutory functions with the best interests of patients at heart.

10. **The Care Quality Commission (CQC)** remains the statutory regulator for the quality of health and social care in England. The CQC's role is to drive improvement in the quality of health and social care services through regulating and monitoring services, listening to people and putting them at the centre of its work, providing an authoritative voice on the state of care and working with strategic partners across the system

11. **Monitor** has become the new sector regulator for all NHS funded care. It will focus on promoting value for money in the provision of services, for example, by regulating prices and taking action against anti-competitive behaviour that harms the interests of patients. As sector regulator, Monitor will issue licences jointly with the CQC to providers of NHS funded care. There are duties on Monitor in exercising its functions to protect and promote the interests of people who use healthcare services by promoting services that maintain or improve the quality of care to patients.

12. **The Health Service Ombudsman** will continue to resolve complaints for individuals and feeds information to sector and professional regulators where there are concerns about patient safety.

13. **Professional regulators** continue to be responsible for setting the standards of behaviour, competence and education of regulated healthcare professionals, and taking action where those standards are not met. There are statutory duties on the **professional regulatory bodies**, such as the General Medical Council and the Nursing and Midwifery Council, to ensure that the public are protected from unsafe professional practice.

14. The **NHS Trust Development Authority** has been established to oversee the performance of NHS trusts and support them to provide sustainable, high quality services as they work to achieve foundation trust status.

15. **NICE** has become the **National Institute for Health and Care Excellence**, setting standards across health, public health and social care to help further the integration of services and outcomes.

16. There is a **duty on the Secretary of State for Health** to exercise his functions in relation to health services with a view to securing continuous improvement in the quality of services and the outcomes that are achieved from the provision of services.
17. A network of new **Quality Surveillance Groups (QSGs)** has been established across the country, which bring together different parts of the health and care economy to routinely and methodically share information and intelligence about quality in order to spot the early signs of problems and to take corrective and supportive action to prevent early problems becoming more serious quality failures. The QSGs are supported and facilitated by the NHS Commissioning Board. QSGs operate both **locally**, on the footprint of the NHS Commissioning Board's Area Teams; and **regionally**, on the footprint of the NHS Commissioning Board's four Regional Teams. Members of the local QSGs are determined locally but include as a minimum:
- All local commissioners in the area e.g. LA, CCG
 - Representatives from the NHS Trust Development Authority (TDA)
 - The Local Education and Training Board (NHS LETB)
 - Local HealthWatch
 - Public Health England Centres
 - Monitor
 - The Care Quality Commission.
18. Any statutory organisation – local, regional or national – who has concerns about the quality of care of a provider should alert other QSG members to their concerns by triggering a **Risk Summit**.
19. The **National Quality Board** provides oversight of the system. It brings together the leaders of national statutory organisations across the health and care system, alongside expert and lay members. It was established in 2009 following the NHS Next Stage Review and the publication of *High Quality Care for All*, with a remit to consider quality across the NHS system and at the interface between health and social care.
20. The NHS and adult social care outcomes frameworks intend to provide a national overview of how well the NHS and social care are performing. They set out the national quality goals which the NHS and social care are aiming to deliver.

The role of Local Commissioners

21. The **CCG, Local Authority and NHS CB** as direct commissioners of health and care services have a statutory duty to assure themselves of the quality and safety of the services they commission. They have quality and safety assurance frameworks in place and processes to assure their own Boards, flag potential issues early and agree learning. Within these processes they
- commission 'regulated activities' from providers that are registered with the appropriate regulatory body e.g. Care Quality Commission (CQC) or OFSTED as required and should contract with their providers to deliver continuously improving quality of care, as well as to identify any actual or potential quality

problems or failings. They should take into account NICE guidance and quality standards for social care, where it is available.

- Use the information that the regulatory bodies collect in their Quality and Risk Profiles as well as their own information and intelligence about their providers, collected through contract monitoring, engagement with patients and the public, and general interaction in the local health economy.
- Where commissioners have significant concerns about the quality of care provided inform the appropriate regulator.

22. The **CCG** also has a statutory duty in relation to the quality of primary care services, although the lead commissioner for these services is the NHS CB

23. The **NHS CB** also has an overview and assurance role in relation to the CCG, in that it has a responsibility for allocating funding to the CCG and supporting them to commission high quality services.

24. The Local Authority as a provider of Social care and children's services has processes in place to assure its board of the quality and safety of services it provides. The provision of these services is done in a regulated / inspectorial environment where the influence of CQC and OFSTED is also noteworthy. As far as commissioning is concerned, assurance is achieved through contract specification at point of procurement and ongoing monitoring at individual service user and organisation levels. A range of good practice guides and policies inform overall expectations. Specific safeguarding responsibilities for the local authority also contribute to overall governance for quality and safety in local services.

The Role of Health Scrutiny

25. The Council has a statutory function to hold the NHS and social care bodies to account for the quality of their services through **health scrutiny** and scrutiny committees will be in a position to assist boards to assure the quality and safety of services. Health scrutiny sets its own priorities for scrutiny to reflect the people's needs and acts across the health community, however there is opportunity for the Health and Wellbeing Board to work with health scrutiny on agenda setting and implementation.

26. The Dudley H&WBB has an agreed protocol in place that sets out working arrangements between the Health and Adult Social Care Overview and Scrutiny Committees (OSCs) and the H&WBB. Within it, the H&WBB has the authority to recommend items for inclusion on the OSC workplan, so that where the board identifies issues they feel warrant more detailed scrutiny they can ask the OSC to investigate and make recommendations to the council and other stakeholders or the board. The Board also provides strategic steer of the OSC workplan to reflect H&WBB priorities. This potentially provides a valuable mechanism to the Board for assuring quality and safety.

The role of Healthwatch

27. **Local Healthwatch** is the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will

build up a local picture of community needs, aspirations and assets and the experience of people who use services. It has a role to report any concerns about services to commissioners, providers and council health scrutiny.

28. The H&WB Board needs to be able to assimilate intelligence about providers drawn from sources that includes clinical quality, patient safety, workforce and patient experience. Healthwatch is therefore a valuable source of information and intelligence- through its engagement processes –which are critical as early warning signs. Through its seat on the H&WBB, local Healthwatch can be a key mechanism for quality and safety assurance.

The Role of Adult and Children Safeguarding Boards

29. **Safeguarding Boards** ensure that each agency works together to protect adults, children and young people from abuse and the risk of abuse. They monitor the referrals, assessments and what is then organised to protect a person or child who has experienced abuse and ensures that the person is reviewed and remains safe.
30. Key linkages are in place between the Dudley Adult Safeguarding and Children Safeguarding Boards and the H&WBB in that the Safeguarding Boards have an shared independent Chair who is also a member of the Dudley's H&WBB.

Independent Inquiries

31. There are a number of inquiries that occur on an ad-hoc basis as a result of the serious failure of standards and care- e.g. the Francis inquiry, Winterbourne View and Keogh inquiry.
32. The H&WBB has a pivotal local leadership role in ensuring the delivery of resulting recommendations and commitments, especially those that relate to joint strategic planning, joint commissioning plans, agreeing pooled budgets, challenging the level of ambition in the plans and ensuring the right clinical and managerial leadership and infrastructure is in place to deliver plans. A letter from the Minister of State for Care and Support to H&WBB Chairs in relation to the Winterbourne View inquiry affirmed this remit from a national perspective.
33. It is likely that further inquiries may occur that will need to be considered by the H&WB Board.
34. It should also be noted that whilst individual Board members will be held to account in different ways (for example, clinical commissioning groups by the NHS Commissioning Board), the health and wellbeing board can also be collectively held to account for their effectiveness through the independent LA health scrutiny function.

QUALITY AND SAFETY ASSURANCE FOR THE H&WBB- THE WAY FORWARD

35. The Dudley Health & Wellbeing Board has not specifically considered its role in relation to quality and safety assurance in the new system. This report is

intended to start that discussion and for the Board to think about how it can be assured that these systems are in place and working across partners, any opportunities there might be to increase its collective positive impact in the drive for continuous improvement in quality, as well as the actions to be taken individually or collectively to mitigate the risks.

36. It is clearly still early days in the new health and social care system, including the new quality assurance system, but it may be timely for the Health & Wellbeing Board to begin a discussion about quality assurance and its potential role, in its capacity as system leader.

37. Within this discussion it is proposed that the board consider 3 elements:

- a. The safeguarding of adults and children
- b. The quality and safety assurance frameworks of commissioners across the health and social care sector and how they monitor quality and assurance of all their providers.
- c. The scrutiny and challenge of emerging quality and safety issues. Currently there is the Francis inquiry, Winterbourne View and Keogh Report into hospital mortality. When issues occur the board needs to be assured that corrective actions are being taken and monitored appropriately

38. Practically, it is also important not to burden any of the statutory boards or the Health and Wellbeing Board, commissioners or providers, with more reporting than is necessary to provide the Board with assurance in the system.

39. The Health & Wellbeing Board is asked to consider the following

- d. What is the role of the H&WBB in relation to quality assurance across the health and social care agenda?
- e. What systems will the H&WBB need to rely on to assure itself that the arrangements are/remain satisfactory?

40. It is proposed that a small board development session is timetabled to consider these issues.

FINANCE

41. Any financial implications resulting from these proposals will be met within existing budget arrangements.

LAW

42. The statutory duties of the Health and Wellbeing Board are detailed in the Health and Social Care Act 2012 and related guidance.

EQUALITY IMPACT

43. Improving equality and tackling health inequalities are key priorities of the Health and Wellbeing Board and will be discharged through implementation of the Board's Joint Health and Wellbeing Strategy. The establishment of the Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board.

RECOMMENDATION

44. That the Dudley Health and Well-Being Board comment as needed on the content of this report and discussion points in relation to its potential role in quality and safety across the system.

45. That the Board agree to an additional (short) development session to agree quality and safety role and mechanisms




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