

Clinical Commissioning Group (CCG) Governing Body 2019/2020 – Part 1

Date of Meeting:	19 July 2019
Agenda Item:	3.1.2
Subject:	Quality and Safeguarding Annual Report
Reporting Officer:	Alison Kelly, Head of Quality and Safeguarding & Deputy Exec Nurse
Aim of Paper:	For information

Governance route prior to Governing Body	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Corporate Governance Committee	Select date of meeting.	Click to Select
Health and Wellbeing Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	21 June 2019	For Information Only
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
System Transformation Committee	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Governing Body Resolution Required:	For Information Only
Recommendation	For information

Link to Strategic Objectives	Contributes to: (Select Yes or No)
SO1: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	N/A

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Director of Operations / Executive Nurse, Karen Hurley
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Please see attached Quality and Safeguarding Annual Report.

HEALTHIER PEOPLE,
BETTER FUTURE

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

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Heywood, Middleton
and Rochdale
Clinical Commissioning Group

QUALITY AND SAFEGUARDING ANNUAL REPORT 2018/19

Authored by
Mrs Alison Kelly



Purpose

This report provides Heywood Middleton and Rochdale Clinical Commissioning Group (HMR CCG) Governing Body with assurance that HMR CCG is fulfilling its statutory duties in relation to safeguarding children and adults at risk of harm.

It will provide assurance around compliance with Quality directives from a local and national perspective

In addition, the report will outline the activity and achievements of the HMR CCG Quality and Safeguarding Team over the last year.

Overview

In 2018/19 the team underwent consultation to become a Quality and Safeguarding Team. The rationale behind this is to ensure an integrated approach and oversight of quality and safeguarding across the whole health economy.

The CCG Quality and Safeguarding Team worked closely as a statutory partner with the Children and Adult Safeguarding Boards in developing the board's business plans, in line with the complex changing landscape of children and adult safeguarding arrangements.

The CCG as one of three named Safeguarding Partners has worked with the Police and Local Authority Colleagues to develop the Multi Agency Safeguarding Partners arrangements in response to the Wood Review. These new arrangements will come into force in July 2019.

Equally, the quality and safeguarding team has been intrinsic to the work of the Adult Safeguarding Board. Fulfilling Board priorities and influencing the safeguarding agenda.

In this way the CCG remains at the heart of multi-agency safeguarding arrangements in the Borough.

In terms of Quality the team are working closely with Commissioning colleagues across all contracts to ensure oversight and that due consideration is given to Quality issues. This includes linking with colleagues locally and across the GM footprint to address the local and national quality directives.

HMR CCG is responsible for designing, arranging and buying the most effective services for local people within the NHS funding available. To do this, the CCG must aim to:

- Improve population health;
- Provide best quality care;
- Give value for money.

The CCG is judged on whether outcomes for local people are improved, safe services are commissioned and monitored. The NHS Constitution standards must be monitored for compliance within this safeguarding and quality framework.

The Quality and Safeguarding Team have ensured that:

- The commissioning, contractual and procurement process had safeguarding and quality as a golden thread
- Providers and senior leaders have been held to account in relation to safeguarding and quality
- Transparent and formative relationships have been developed across the whole health economy

Context of the Borough

The population of Rochdale is growing; ONS (Office of National Statistics) Mid-Year Estimates for 2016 indicate that there are 216,165 people in the borough, an increase of 1.5% since 2014 and of 5.2% compared to the 2001 Census estimate of 205,357.

Age

Rochdale borough's population is younger than that of other Greater Manchester areas, 42,634 children who are aged 0-15 years live within the Borough, and this comprises 19.9% of the total population.

However, there are also a growing proportion of older people. The Joint Strategic Needs Assessment (JSNA) estimates that by 2025, nearly 1 in 5 people in Rochdale Borough will be aged 65 or over – a significant increase of 19% between 2015 and 2025.

The population aged 85 and over is expected to increase by 28%. The increase in older people is driven by people in general living longer and the post-war baby boom generation becoming older.

Deprivation

30.5% of borough residents live in areas which are among the 10% most deprived in the country, an increase from the 27% observed in 2010. Despite this, the number of areas in the borough that are amongst the 3% most deprived decreased from 16 to 11. Data shows an increase in the borough population living in the two most deprived population areas compared to 2011. The most deprived communities have a younger age profile compared to the borough average and our more affluent areas.

The level of child poverty is worse than the England average with 27.0% of children aged under 16 years living in poverty.

Ethnicity

Our population is increasingly diverse; BME groups account for over 21% of the borough population (2011 Census) and 36.3% of school children are from a minority ethnic group (Child Health Profile 2017). The socio-economic profile of our BME groups is often vastly different to that of White British residents; with consequent negative effects on their quality of life and health outcomes.

Changes in ethnic group between 2001 and 2011



Life expectancy is 9.5 years lower for men and 6.9 years lower for women in the most deprived areas of Rochdale than in the least deprived areas.

Child health

In Year 6, 23.3% (635) of children are classified as obese, an increase on the previous year. The rate of alcohol-specific hospital stays among those under 18 is 37 per 100,000 population. This represents 19 stays per year. Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 623 per 100,000 population. This represents 1,250 stays per year. The rate of self-harm hospital stays is 165 per 10,000 population, better than the average for England. This represents 370 stays per year. The rate of smoking related deaths is 391 per 100,000 population in Rochdale, worse than the average for England. This represents 409 deaths and is an increase from the previous year. Estimated levels of adult excess weight and smoking are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections and people killed and seriously injured on roads are better than average.

CCG Quality and Safeguarding Team

The Quality and Safeguarding Team is a fundamental part of the CCG's commissioning and contractual process. The Team can offer expertise to support wider decision making and contractual arrangements in relation to safeguarding and quality.

Safeguarding and Quality Team Achievements 2018/19

- Integration of the Quality and Safeguarding agendas to ensure visibility across the whole health economy
- Challenge visits across GP practices in relation to Quality and Safeguarding to provide assurance
- Datix Quality Alert System in place to receive and monitor GP quality feedback
- Attendance at Contract Quality and Performance Groups for all contracts

- Active members of Clinical Quality Lead Groups
- Quality and safeguarding site visits based on intelligence from serious incidents, safeguarding reviews and soft intelligence
- Deep dives based on areas of good practice and those areas for development across all Providers
- Safeguarding assurance and Section 11 Audit across all providers including GPs
- Continued compliance across all GP practices in relation to Safeguarding training in line with refreshed Intercollegiate directives
- Bespoke safeguarding training for providers other than Primary Care
- Led on safeguarding reviews in relation to adults and children
- Analysis of GP contacts to inform partnership dashboards and workplans
- Analysis of GP updates to the Safeguarding Assurance document
- Led on the reinvigoration of the Neglect Strategy
- Contributed to the formulation of Quality Risk Profile Tool with Quality colleagues for PAHT and PCFT
- Leading on LeDeR
- Analysis of StEIS reported incidents for HMR residents
- Continued development of the Caring Together Network and Practice Nurse Forum
- Development of the sepsis recognition tool in Nursing and Care homes
- Patient flow analysis in conjunction with AQUA
- Contribution to Red Bag introduction programme
- Contribution to GM Safeguarding and Quality workstreams

Contribution to Safeguarding Boards

Name of Sub Group	Meeting Frequency	Attended By
Training and Development	Bi-monthly	Karen McCormick to January 2019
Quality Assurance Performance Improvement	Bi-monthly	Alison Kelly (Chair)
Excellence in Practice	Bi-monthly	Alison Kelly til December 2018 then Jo Hodgkinson
Complex Safeguarding	Bi-monthly	Alison Kelly
Communities Engagement	Bi-monthly	Karen McCormick to January 2019 then Pamela Dickinson
Serious Case Review	Bi- monthly	Jo Hodgkinson
Policies and Procedures	As required, virtual group	Jo Hodgkinson (children) Karen McCormick (adult) till January 2019
Serious Case/Adult Review Panel	As required	Alison Kelly till Dec 2018 then Jo Hodgkinson
Domestic Abuse Working Group	Bi-monthly	Jo Hodgkinson
Corporate Parenting Board	6 weekly	Jo Hodgkinson

Designated Nurses have been involved in additional work streams of the Board for example Female Genital Mutilation, Honour Based Violence, Familial Sexual Abuse. This has included involvement in delivery at the Learning from Serious Case Reviews and Safeguarding Adult Reviews Conference.

Designated nurses oversee the health economy response and contribute to Serious Case Reviews, Serious Adult Reviews and Domestic Homicide Reviews. There are currently seven ongoing serious case reviews and seven ongoing domestic homicide reviews. There is one discretionary Safeguarding Adult Review in progress.

Contribution to Looked After Children Agenda

- Contractual monitoring of performance for Cared for Children requiring Statutory Health Assessments. Performance has been maintained at over 95% for over 2 years.
- Led on the Health workstream of the Corporate Parenting Board Strategy
- Completed Dip Sample Quality Audits of Statutory Health Assessments.
- Completed analysis of the Health Needs of Rochdale Cared for Children to inform the Joint Strategic Needs Analysis.
- Raised the profile of the CCG contribution to the Cared for Children agenda.
- Development and embedded a partnership Strengths and Difficulties Questionnaire Pathway
- Delivered presentation to Corporate Parenting Board on the theme of Health
- Consulted with Cared for Children on their experiences of health services. This included the development of an action plan to progress priority areas identified by the young people.

Conclusion

The integration of the Safeguarding and Quality Teams in the CCG has enhanced the overall contribution to these agendas across the whole health economy locally. The two areas are inextricably linked, and this integration is a natural progression which can only be built upon as the team moves forward.

All the initiatives and achievements detailed above are backed up by a series of reports and documents. These have been presented to both Quality and Safeguarding Committees and Governing Body throughout the last twelve months and are therefore not within this report.

In January the Local Authority Quality Assurance and safeguarding team joined the CCG team. There is still work to be done on this ongoing integration but both teams are hopeful that over the next year this will be a natural progression.

The team is motivated to fulfil the directives of the Quality and Safeguarding agendas and embrace the ongoing challenges.