Quality Strategy

2019 - 2022

PLEASE NOTE: Whilst this document is largely complete, this version is still being shared to seek further comment and input.

VERSION HISTORY			
Version Number	**Date**	**Author**	**Details of Update**
0.1	13.06.2019	Elaine Moss	Quality Strategy for new strategic CCG
0.2	22.07.19	Elaine Moss	Additions following stock take with NHSE/I
0.3	27.07.19	Elaine Moss	Formatting and small changes following QSP review
0.4	07.09.2020	Rosa Waddingham	Recent changes to system priorities and focus on Health Inequalities

REVIEW AND APPROVAL		
Date	**Name**	**Position**

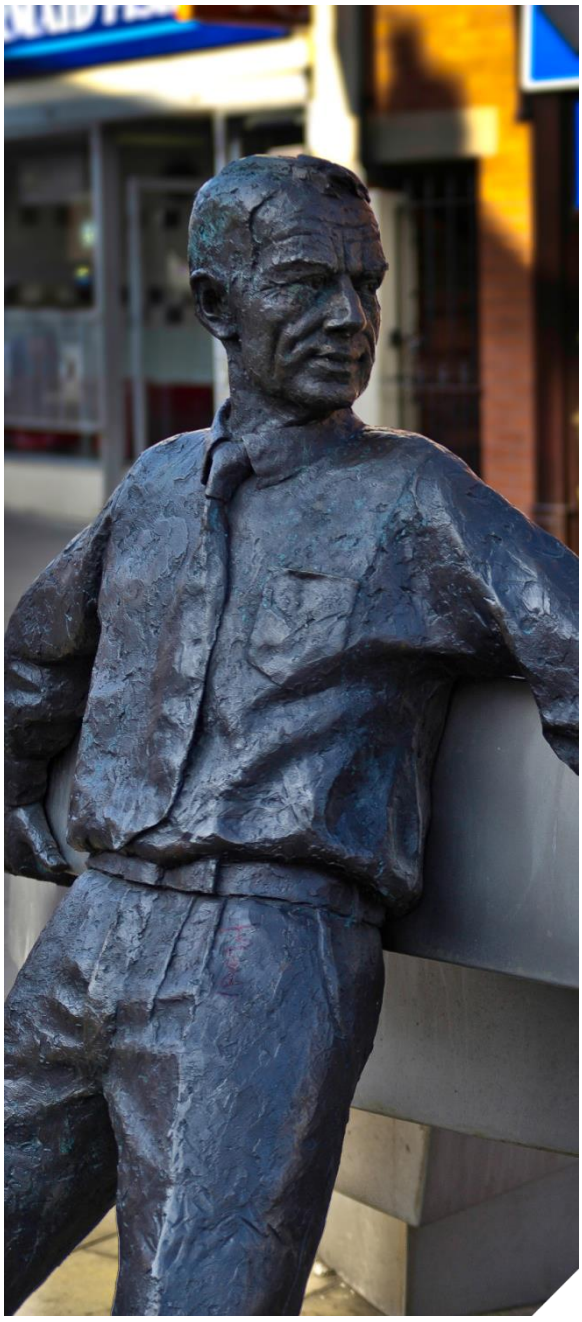
Next review date:

Contents

Introduction

The Clinical Commissioning Group (CCG) is committed to ensuring a high quality health service for our local population, but new treatments, growing levels of long-term conditions and increasing expectations mean that we have to prioritise how our precious NHS resources are deployed and ensure we allocate the resources available to us, so that maximum health benefits can be achieved overall.

As commissioners we plan and buy health care services for our local population and have a legal duty to do that within our allocated budget which will be increasingly challenging over the next few years. Meeting these challenges whilst maintaining and improving quality is essential for the sustainability of our NHS. Alongside this, as we respond to the new and unexpected challenges from the Covid-19 pandemic, we have refreshed both our strategy and our approach to reflect the recovery and restoration priorities alongside our longer term quality objectives, with an increased system focus on reducing health inequalities and increasing collaboration.



There are three overarching domains to quality:

- Patient safety (the safety of treatment and care provided to patients)
- Patient experience (the experience patients have of the treatment and the care they receive)
- Clinical effectiveness (measured by both clinical outcomes and patient-related outcomes)

Quality is only achieved when all three domains are met. To ensure patients have a good experience in our commissioned services the values and behaviours of those working in our organisation need to remain focused on safe and effective care. We will embrace and nurture a culture of open and honest cooperation in order to ensure that CCG and ICS quality outcomes are met. To achieve this we will develop our staff through our Organisational Development Strategy in order to achieve the three domains. We will also ensure user/public engagement is integral to service changes and the further development of outcome measures (please see the Communication and Engagement Strategy).

Introduction

To ensure safe and effective care is commissioned and delivered we will work as partners within the Integrated Care System (ICS) to improve health and change lives. The key challenges faced and planned to be addressed by the Nottingham and Nottinghamshire Integrated Care System (ICS) are detailed in our response to the NHSE Long Term Plan and are grouped into three categories that have a reinforcing effect on each other. We will use these as drivers to work collaboratively, improve patient experience, safety and effectiveness in areas that have previously been more challenging, for example:

Improving Service provision

Integrated Care

Ensuring that a system-wide approach is enacted when areas are under pressure, reducing the likelihood of poor patient experience and adverse outcomes.

Service Delivery

We will continue to develop and enhance mechanisms to assure ourselves that services we commission deliver high quality and effective care.

Health and Wellbeing

Health Inequalities

Work to develop and implement a system-wide health inequalities strategy with partners which ensures that reduction of health inequalities is a golden thread which runs through all planning, commissioning and delivery activities and establishes a data set to measure the impact of our actions on health inequalities.

Healthy Life Expectancy

Healthy life expectancy reflects the lifetime accumulation of positive and negative influences on health and wellbeing. These start at conception and include the dominant influence of factors such as housing, education, employment, social cohesion, and environment. A system focus on population health allows us to focus on addressing health inequalities and the wider determinants of health within the local population.

Wider Determinants of Health

Improvements in system-wide Equality and Quality Impact Assessments (EQIAs) and actions ensuring that our commissioning activities consider the disadvantages that some people in our diverse population experience when accessing health services.

Resource Utilisation

Improving clear and consistent information and messages for patients using information from our patient experience work.

Faster sharing of learning from feedback, incidents and investigations.

We will maximize the opportunity to do things once through working with the Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs), share learning and intelligence to enable quicker implementation of improvements.

Quality Statement

We are committed to ensuring that a high quality, person centered approach is at the heart of everything that we do.

We will always champion quality as a central principle, demonstrating that it should and can be maintained and improved alongside financial sustainability.

We will provide clarity and consistency by using a shared view of quality and aligning our expectations working collaboratively with system partners to develop a shared understanding and approach.

We will listen, involve and act on the views of the public and people who use services, understanding and measuring their views of the quality of services, being transparent about how their views have shaped services.

We will work to eliminate discrimination, advance equality and share the belief that equality and diversity is about the recognition of difference in its widest sense.

We will tackle health inequalities for all patients, communities and the NHS workforce.

What does quality mean to us?

Fig 1 – A single shared view of quality (National Quality Board 2016)

We know that quality as pictured here must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care. We will build upon our current position to continually improve our approach to quality for people who use our services.

WHAT PEOPLE WHO USE OUR LOCAL HEALTHCARE SHOULD EXPECT	
Safety	People are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
Effectiveness	People's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
Positive experience	**Caring:** staff involve you and treat you with compassion, dignity and respect. **Responsive and person-centered:** services respond to people's needs and choices, enable them to be equal partners in their care.

WHAT QUALITY MEANS FOR THOSE WE COMMISSION TO PROVIDE SERVICES	
Are well-led	CCG and provider services are open and collaborate internally and externally and are committed to learning and improvement.
Use resources sustainably	We will work in partnership with ICS partners to ensure resources are used responsibly and efficiently, providing equitable access to all, according to need, and promote an open and fair culture.
Equitable for all	The CCG and providers will work together to ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Quality Governance and Accountability

The CCG has a strong quality governance structure:

Quality Accountability Structure

- ☐ Quality reporting within the Governing Body
- ☐ Quality, Safeguarding and Performance Committee
- ☐ Quality Scrutiny Group
- ☐ Quality Review Meetings and insight visits with key providers
- ☐ Safeguarding Children and Adults Leads
- ☐ Information sharing meetings with Local Authority. other commissioners and Care Quality Commission
- ☐ Multi layered sharing of intelligence on quality of services with ICS, ICPs and PCNs including the Quality Cell approach to working.

Engagement with Member Practices

- ☐ Protected Learning Time Events
- ☐ Partnership and engagement with the Clinical Design Authority and Primary Care Quality Performance Review Group

Engagement with Patients and Public

- ☐ Patient and Public Engagement Groups
- ☐ Lay member representation on CCG Boards and Committees
- ☐ Patient experience team
- ☐ Close relationships with Third Sector and voluntary services

Engagement with Partners

- ☐ Partner of the Nottingham and Nottinghamshire ICS working with all system partners, ICPs and PCNs
- ☐ Nottinghamshire and Nottingham Safeguarding Partnerships
- ☐ Nottingham and Nottinghamshire Safeguarding Adults Boards and sub groups
- ☐ Multi Agency Public Protection (MAPPA) Strategic Management Board
- ☐ Engagement with professional cabinets, design authority and the Clinical Reference Group to ensure appropriate clinical focus
- ☐ Systems cell/work stream leadership and engagement to ensure unified approach to system issues

Quality Assurance and Improvement

We work collaboratively with system partners to collate and analyse information from a range of sources to ensure that safe, effective and caring health services are commissioned and delivered for our local population.

We will work with contracting and commissioning colleagues to systematically collate a range of data sets, triangulation of intelligence. Using evidence, intelligence and data sets to inform commissioning intentions and robust scrutiny of outcomes. This will include moving to embed the ICS System Level Outcomes Framework by developing a coherent approach to measuring and reporting the outcomes within an agreed framework.

Quality schedules, CQUINs and formal contractual mechanisms which are the basis of our usual quantitative review have been superseded by a greater system approach during and following Covid. We will use a 'safe today' approach to reporting alongside formal and informal provider quality meetings, and triangulation of data to provide a robust picture of service quality and greater insight into local services.

Increasingly system focused open and transparent relationships around quality formalised through a system quality meeting allow us to work collaboratively to identify key areas of focus for quality improvement, share best practice across the system and ensure that learning from incidents and events inform service improvements. Collaborative working also supports improved intelligence, sharing of lessons and removes duplication.

If there are significant or wide ranging concerns about the quality of commissioner care the CCG instigates an internal quality review to identify further action to be taken and works with providers, the Care Quality Commission, other regulators and commissioners to develop clear recovery plans.

We are also committed to the Universal Personalised Care (UPC) approach as personalising care is key to delivering future improvements in the quality of services in Nottingham and Nottinghamshire. We are an exemplar site for personalisation and our vision is to maximise independence, good health, and wellbeing throughout people's lives, shifting the focus from 'what is the matter with you' to 'what matters to you. To achieve this vision we will support a culture where a different, person-centred conversation is the norm and people are recognised as equal partners.

Patient Experience

Involving patients, the public and carers is vital to achieving our aim of ensuring that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can.

Understanding what really matters to local people in their health and health services and involving them as active partners in decisions that may affect them is key to designing, assuring and delivering quality services. We ensure the patient voice is integral to our reviews and clinical pathway designs through patient stories, a wide range of engagement activities, complaints, Patient Advice and Liaison (PALS), Patient and Public Engagement Committees (please see Communications and Engagement Strategy).

We are committed to listening and responding to any issues that our service users want to raise in order to identify areas where we are doing well and any areas that may need improving. Information about patient and service users' experience is obtained by the CCG through the work of the CCG Patient Experience Team. The Patient Experience Team handles all enquiries, concerns, and compliments received.

Complaints, enquiries, compliments and concerns raised by patients give the CCG a vital insight into the experiences of people using our commissioned services and help the CCG to confirm what we are doing right and also identify areas to make improvements.

Acting on patient experience feedback to make service improvements help us to take action to prevent similar problems occurring in the future and to continually improve the quality of services.

The CCG Patient Experience approach for the CCG is underpinned by the following principles:

- We place patients at the heart of the CCG and commission services to meet the needs of our local population.
- We work with patients to help them navigate the NHS to access the treatment and care they need to improve their health and wellbeing.
- We work collaboratively using a co-production approach to ensure that people can shape the services we commission.
- We will handle the experiences of patients seriously, sensitively and with compassion.
- We will be honest, open and realistic when interacting with patients about outcomes following the collection of patient experience.

Safeguarding Adults and Children

All NHS and commissioned services have a key role to play in safeguarding and promoting the wellbeing of adults and children at risk of abuse or neglect. Safeguarding is a collective responsibility and a statutory duty. The CCG is a statutory partner of Nottingham and Nottinghamshire Safeguarding Adult Boards and a Safeguarding Children Partner in the new safeguarding arrangements. We are bound by their respective safeguarding policies and procedures.

The Accountable Officer is the Vice Chair of the Nottinghamshire Safeguarding Adults Board (NSAB) and the Safeguarding Adults Review Group.

An adult at risk is defined as:

An adult over the age of 18 who; has needs for care and support (whether or not the Local Authority is meeting any of those needs), is experiencing, or at risk of abuse and/or neglect and as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

A child is defined as any person under the age of 18 years.

Abuse can be a single or repeated act or lack of appropriate action, which causes harm or distress. It happens in many forms:

- ☐ Physical abuse
- ☐ Emotional/psychological abuse
- ☐ Sexual abuse/exploitation
- ☐ Neglect and acts of omission
- ☐ Discriminatory abuse
- ☐ Domestic abuse
- ☐ Financial or material abuse
- ☐ Forced marriage
- ☐ Honor-based violence
- ☐ Hate crime
- ☐ Human trafficking /modern slavery
- ☐ Organisational abuse
- ☐ Inappropriate restraint

The CCG is committed to all policies, procedures and practices which safeguard and promote the wellbeing of adults at risk of abuse and/or neglect. The CCG works in partnership with the Nottingham and Nottinghamshire Safeguarding Boards/ Partnerships to ensure that safeguarding runs as a golden thread throughout commissioned services and supports learning and service development as a result of Safeguarding Adults Reviews, Serious Case Reviews (children) and Domestic Homicide Reviews. The CCG has named and designated professionals for both adults and children's safeguarding. The CCG has performance and assurance controls to ensure that best practice standards are maintained and improved and publish an annual report.

Health Inequalities

The health and wellbeing challenges we face are rooted in the particular needs of our population[1]. There is a diverse population of over 1 million people living in the City of Nottingham (332,000) and Nottinghamshire County (764,700) - NB this does not include the residents of Bassetlaw.

Healthy Life Expectancy reflects the lifetime accumulation of positive and negative influences on health and wellbeing. These start at conception and include the dominant influence of factors such as housing, education, employment, social cohesion, and environment. Evidence from the Global Burden of Disease identifies the degree to which key risk factors contribute to ill health. The greatest contributing risks are tobacco, high BMI or weight, high blood pressure and diet**.**

City of Nottingham

- Life expectancy for males is 77 and females 82 years old, which is below the England average.
- There is a rich cultural mix across Nottingham City - 35% of population are from black and minority ethnic (BME) groups.
- Nottingham City is the 8th most deprived district in the country. 61 of the 182 City Lower Super Output Areas fall amongst 10% most deprived in the country and 110 fall in the 20% most deprived.
- 12% of the population are aged over 65, the England average is 18%, 30% of the population are aged 18-29 (full time university students comprise 1 in 8 of population).
- Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.
- 13th highest unemployment rate in the country, with 12.7% of people are claiming out of work benefits.
- Over 2 in 5 households do not have access to a car; this is the highest level of bus use per head outside of London.

Nottinghamshire

- Life expectancy for males is 80 and females 83, which is similar to the England average.
- Across Nottinghamshire 4% of the population is from black and minority ethnic groups.
- Deprivation levels as a whole are comparable with England, however there are some communities with the highest levels of deprivation in the country and some in the lowest levels – 25 Lower Super Output Areas are in the 10% most deprived areas in England that are concentrated in the districts of Ashfield (9), Mansfield (6) and Newark and Sherwood (3).
- 20% of the population is aged 65+, compared to the England average of 18%.
- The population is predicted to continue to age over the next 5 years, with the population aged 65+ expected to increase by c.7% and the population over 85 by c.8%.
- Older people are more likely to experience disability and limiting long-term illness.
- More older people are anticipated to live alone, increasing by 41% between 2015 and 2030.
- Job Seekers Allowance claimant rate (May 18) is 1.1%, same as national figure.

We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services and ensuring that we know our population and local needs, service reviews to ensure services are commissioned on the basis of need, ensuring a standard quantity and quality of services is accessible to all.

[1] https://www.england.nhs.uk/wp-content/uploads/2016/08/challenging-health-inequalities-report.pdf

How we aim to reduce health inequalities

Health inequalities are the unjust differences in health experienced by different groups of people. In Nottingham and Nottinghamshire today there is a significant gap in healthy life expectancy between the most and least affluent areas of the country.

Closing this gap is one of the biggest challenges we face. This is about much more than access and quality of health and care services given wider determinants contribute 80% towards health outcomes. We fully recognise that access to and quality of health care services is only a small contributor to overall health outcomes. We have clear plans with the ICS around improving health and wellbeing which aim to ensure that we take steps to address the factors that impact adversely on the health of individuals, families and communities, including fuel poverty, poor housing, higher unemployment and low paid jobs, lower educational attainment and poorer access to services

To successfully address health inequalities we will:

- Work to develop and implement a system-wide health inequalities strategy with partners which ensures that reduction of health inequalities is a golden thread which runs through all planning, commissioning and delivery activities and establish a data set to measure the impact of our actions on health inequalities.

- Use population health metrics to ensure that we respond to system-wide needs, and set and review key priorities. Currently these include:

    - Mental health and learning disabilities - those with severe and enduring mental health or learning disabilities spend more of their lives in ill health. Men with serious mental illness are dying on average 17 years earlier than the general population and women 15 years.

    - Cancer, circulatory and cancer, circulatory and respiratory disease – these are the greatest contributors to the overall life expectancy gap locally between the most and least deprived.

- We will also carry out evidence-based service reviews to ensure:
    - Services are commissioned equitably to reach all members of society.
    - Services are commissioned on the basis of need, ensuring the quantity and quality of services in all areas is appropriate.
- We will work closely with the health and wellbeing boards (HWBs) and public health teams to develop and implement a shared health and wellbeing strategy.
- We will use expertise in the public health teams to ensure that we raise awareness and use commissioning mechanisms to positively influence the wider determinants of health, identifying where the integration of services would improve quality and reduce inequalities[2].
- We will use specific programmes such as the Learning Disabilities Mortality Review (LeDeR) to ensure that we take system learning and use recommendations to support evidence based improvements in service provision and, reductions in premature mortality.
- We will promote the personalisation agenda within all services to promote person-centred approaches that consider all elements of an individual's life, including those that may impact adversely on health outcomes.

[2] https://www.england.nhs.uk/wp-content/uploads/2015/12/hlth-inqual-guid-comms-dec15.pdf

Equality and Diversity

The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. The Equality Act 2010 aims to create "a society built on fairness and respect where people are confident in all aspects of their diversity."

The Equality Act brings together over 16 separate pieces of legislation into one single Act; the main provisions of this Act came into effect on 1 October 2010. The Equality Act states that it is against the law to discriminate against anyone because of:

- ☐ age
- ☐ being or becoming a transsexual person
- ☐ being married or in a civil partnership
- ☐ being pregnant or on maternity leave
- ☐ disability
- ☐ race including colour, nationality, ethnic or national origin
- ☐ religion, belief or lack of religion/belief
- ☐ sex
- ☐ sexual orientation

These are referred to as 'protected characteristics'. The Act also protects people from being discriminated against because of their caring responsibilities.

What are the Public Sector Equality Duties

The public sector equality duty in section 149 of the Equality Act 2010 places a duty on public authorities such as the CCG to:

- ☐ Eliminate discrimination and any other conduct that is prohibited by or under the act. This includes harassment, victimisation, and discrimination against whistleblowers.
- ☐ Advance equal opportunities by:

  (a) Removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

  (b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

  (c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

As a CCG we are required to:

- ☐ Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable.
- ☐ Publish information to demonstrate its compliance with the public sector Equality Duty at least annually.
- ☐ Publish information 'in a manner that the information is accessible to the public'.

Equality and Quality Impact Assessments (EQIA)

An Equality and Quality Impact Assessment (EQIA) is a way to assess the impact of new or existing policies and services on particular groups of people, to find out if there is a positive or negative outcome and make reasonable changes where possible. It is an opportunity to identify possible disadvantages, decide if they are discriminatory and the extent to which discrimination can be eliminated, minimised or justified. We will work within the ICS to ensure that all impacts are assessed.

Accessible Information Standards

From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.

One of the fundamental principles of the Accessible Information Standard is that patients, service users, carers and parents should be asked to self-define their information and / or communication support needs, and it is these needs (and not their disability) which should be recorded. The CCG is mindful that people without any disability, impairment or sensory loss, but who do not speak or read English – because they use a different language – may need reasonable adjustments but are not included in the scope of the Standard.

Steps MUST be taken to ensure that communication support and information in alternative formats can be provided promptly and without unreasonable delay. This includes making use of remote, virtual, digital and telecommunications solutions.

CCG Equality and Diversity Statement

The CCG is committed to promoting and embedding a culture of Equality and Diversity within all areas of the work we do; for our staff, service users and the local population. The culture within the CCG is underpinned by the core values of the NHS Constitution including respect and dignity, compassion and inclusion.

Our commitments:

1. The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners of services and as employers.

2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and or sexual orientation

3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people

4. In our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.

For Staff

- ☐ Ensure staff fully understand the principles of equality, diversity and inclusion
- ☐ Empower our staff to challenge prejudice and make reasonable adjustments in their own work areas
- ☐ Provide opportunities for staff to share their experiences and opinions and enable staff to raise concerns when discrimination occurs
- ☐ Ensure that the environment in which our staff work which is free from unlawful discrimination
- ☐ Provide leadership which promotes a culture of equality, diversity and inclusion which runs as a golden thread through mainstream business
- ☐ Protect people from discrimination and ensure all our undertakings consider the impact on the protected characteristics as detailed in the Equality Act 2010 (details on p7)
- ☐ As employers we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.